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[www.threerivers.gov.uk](http://www.threerivers.gov.uk)

Licence No:	
Uniform Ref No:	
Updated by:	
Date:	

MEDICAL IN CONFIDENCE

# Medical Report

**Medical report on an application for, or a holder of, a Hackney Carriage and/or private hire vehicle driver's licence.**

**Note to applicant:** This report need not be submitted at the time you apply for a licence but must be received by Three Rivers District Council before a licence can be issued.

**Note to licence holders:** Failure to submit a medical report to Three Rivers District Council by the date stated in the letter of notification will result in your Hackney Carriage and /or private hire driver's licence being suspended.

## Part A What you have to do

**The medical examination must be carried out by the GP with whom you are registered, or at the shared practice, where the examiner has access to your patient records. If in addition to the medical examination, the Licensing Officer needs to refer your case to the Occupational Health service for further reports or medical tests, you will be expected to pay these costs.**

1. Fill in section 9 on page 11 of this report in the presence of the Doctor conducting the examination.
2. If you have any doubts about your ability to meet the medical standards, consult your Doctor **BEFORE** you arrange for this medical form to be completed. The Doctor may charge you for completing it. In the event of your application being refused, the fee you pay the Doctor is **NOT** refundable. Three Rivers District Council has **NO** responsibility for the fee payable to the Doctor.
3. You will be required to have your eyes tested at an opticians where necessary and the report must be included within the details of this medical report.
4. The notes below ("**Medical standards for a combined Hackney Carriage and private hire driver's licence entitlement**") may help you.
5. This report must be received by Three Rivers District Council within 3 months of the Doctor signing the report.

## **Part B      What the Medical Practitioner has to do**

**This medical assessment must be carried out by a medical practitioner having had sight of the applicant's medical records.**

1. Please complete **Sections 1-8** of the report, having regard to the Group II medical standard, as amended in relation to diabetes (see note 2 at Part C), the DVLA's 'At a glance' and the Medical Commission on Accident Prevention booklet 'Medical Aspects of Fitness to Drive'.
2. If the applicant/driver meets the medical standard but required medical assessment more often than the routine frequency, please indicate the date by which the next medical examination must be carried out at **Section 8**.
3. Applicants/drivers who may be asymptomatic at the time of the assessment should be advised that, if in future they develop symptoms of a condition that could affect their ability to carry out the role of a licensed driver safely and fully, they must inform the Licensing Officer at Three Rivers District Council immediately.

## **Part B      Medical Standards required for a Hackney Carriage and/or private hire driver's licence entitlement**

As occupational drivers entrusted with the safety of the travelling public, the medical standards for hackney carriage and private hire drivers are higher than those for car drivers.

The following medical conditions are a bar to holding a hackney carriage and/or private hire driver's licence:

1. **Epilepsy attacks**  
Applicants must **not** "have a liability to epileptic seizures". With such a liability Three Rivers District Council must refuse or revoke the licence.
2. **Diabetes**  
Insulin treated diabetics may **not** normally obtain a licence. However, exceptional arrangements do exist for drivers with insulin treated diabetes, who can meet a series of medical criteria, to obtain a licence to drive category C1 vehicles (3500-7500kgs lorries).
3. **Eyesight**  
All drivers, for whatever category of vehicle, must be able to read in good daylight a number plate at 50.5 metres (67 feet) and, if glasses or contact lenses are required these must be worn.
  - i. Applicants who have not held a hackney carriage and/or private hire drivers licence before must by law have both
    - A visual acuity of at least 6/7.5 in the better eye; and
    - A visual acuity of at least 6/60 in the other eye

**and**

- if these are achieved by correction, the uncorrected visual acuity in both eyes must be no less than 3/60. A driver who has an uncorrected acuity of less than 3/60 in only one eye **may** be able to meet the required standard but the Council will have regard to advice from the optician.
- ii. An applicant or licence holder who has held a hackney carriage and/or private hire drivers licence before 1 March 1992 but who does not meet the standard in (i) above **may** still qualify for a licence but the application would be referred to the Lead Licensing Officer.

**An applicant or licence holder failing to meet the epilepsy, diabetes or eyesight regulations must be refused.**

**4. In addition to those medical conditions covered by law, applicants or licence holders are likely to be refused if they are unable to meet the national recommended guidelines in the following cases:**

- within 3 months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty.
- a significant disturbance of cardiac rhythm occurring within the past 5 years unless special criteria are met
- suffering from or receiving medication for angina or heart failure
- Hypertension from or receiving medication for angina or heart failure
- a stroke, TIA or unexplained loss of consciousness within the past 5 years
- Meniere's and other conditions causing disabling vertigo, within the past 1 year
- recent severe head injury with serious continuing after effects, or major brain surgery
- Parkinson's disease, multiple sclerosis or other "chronic" neurological disorders likely to affect limb power and co-ordination
- being treated for or suffering a psychotic or schizophrenic illness in the past 3 years, or suffering from dementia
- alcohol dependency or misuse, or illicit drug or substance dependency or use in the past 3 years
- insuperable diplopia, or defect in the binocular field or vision
- any other serious medical condition that may cause problems for road safety and hackney carriage or private hire vehicle driving.

# Medical Examination

To be completed by the  
Medical Practitioner

Name.....

Date of Birth.....

Please answer ALL questions

<b>Section 1</b>	<b>Vision</b> (please see <b>Eyesight note</b> 3i to 3ii on pages 2 & 3)	Yes	No													
a.	Is the visual acuity as measured by the <b>Snellen Chart</b> at least 6/5.5 in the better eye and at least 6/60 in the other? (Corrective lenses may be worn).	<input type="checkbox"/>	<input type="checkbox"/>													
b.	If corrective lenses have to be worn to achieve this standard.															
i.	is the uncorrected acuity <b>at least</b> 3/60 in the right eye?	<input type="checkbox"/>	<input type="checkbox"/>													
ii.	is the uncorrected acuity <b>at least 3/60</b> in the right eye?	<input type="checkbox"/>	<input type="checkbox"/>													
c.	Please state all the visual acuities for applicant:															
	<table border="0"><tr><td></td><td><b>Uncorrected</b></td><td></td><td><b>Corrected</b> (if applicable)</td><td></td></tr><tr><td>Right</td><td><input type="text"/></td><td>Left</td><td><input type="text"/></td><td>Right</td><td><input type="text"/></td><td>Left</td><td><input type="text"/></td></tr></table>		<b>Uncorrected</b>		<b>Corrected</b> (if applicable)		Right	<input type="text"/>	Left	<input type="text"/>	Right	<input type="text"/>	Left	<input type="text"/>		
	<b>Uncorrected</b>		<b>Corrected</b> (if applicable)													
Right	<input type="text"/>	Left	<input type="text"/>	Right	<input type="text"/>	Left	<input type="text"/>									
d.	If there is <b>no</b> perception of light in one eye, on what date Did the applicant become monocular or lose the sight of one eye?	<input type="text"/>														
		Yes	No													
e.	Is there a full binocular field of vision? (Central and/or peripheral)	<input type="checkbox"/>	<input type="checkbox"/>													
f.	Is there uncontrolled diplopia?	<input type="checkbox"/>	<input type="checkbox"/>													

<b>Section 2</b>	<b>Nervous System</b>	Yes	No
a.	Has the applicant had major or minor epileptic seizure(s)?	<input type="checkbox"/>	<input type="checkbox"/>
i.	If <b>yes</b> , please give date of last seizure	<input type="text"/>	
ii.	Please give date when treatment ceased	<input type="text"/>	
b.	Is there a history of blackout or impaired consciousness within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>

**Nervous System** continued.....

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| c. Is there a history of stroke or TIA within the past 5 years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. is there a history of sudden disabling dizziness/vertigo within the last year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is there a history of chronic and/or progressive neurological disorder?<br>If <b>yes</b> , please give details in <b>Section 7</b>               | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Is there a history of brain surgery?<br>If <b>yes</b> , please give details in <b>Section 7</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Is there a history of serious head injury?<br>If <b>yes</b> , please give details in <b>Section 7</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Is there a history of brain tumour, either benign or malignant, primary or secondary?<br>If <b>yes</b> , please give details in <b>Section 7</b> | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 3** **Diabetes Mellitus**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Does the applicant have diabetes mellitus?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please answer the following questions.<br>If <b>no</b> , please proceed to <b>Section 4</b> .                     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the diabetes managed by:  |                          |                          |
| i. Insulin?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , date started insulin <input style="width: 150px; height: 20px;" type="text"/>                                     |                          |                          |
| ii. Oral hypoglycaemic agents and diet?   | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Diet only?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is the diabetic control generally satisfactory?<br>Please provide evidence for one year from your diabetic nurse or Specialist | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is there evidence of:  |                          |                          |
| i. Loss of visual field?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Has there been bilateral laser treatment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If <b>yes</b> , please give date <input style="width: 150px; height: 20px;" type="text"/>   |                          |                          |
| iii. Severe peripheral neuropathy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| iv.   | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Significant impairment of limb function or joint position sense?   | <input type="checkbox"/> | <input type="checkbox"/> |

v. Significant episodes of hypoglycaemia?	<input type="checkbox"/>	<input type="checkbox"/>
vi. Complete loss of warning symptoms of hypoglycaemia?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section 4</b>	<b>Psychiatric Illness and substance abuse</b>		
		Yes	No
a.	Has the applicant suffered from or required treatment for a psychosis in the past 3 years? If <b>yes</b> , please give details in <b>Section 7</b>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Has the applicant required treatment for any other dependency in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is there confirmed evidence of dementia?	<input type="checkbox"/>	<input type="checkbox"/>
d. i.	Is there a history of <u>alcohol misuse</u> or <u>alcohol dependency</u> in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
ii.	Is there a history of <u>illicit drug or substance misuse or dependency</u> in the past 3 years? If <b>yes</b> to either i or ii, please give details in <b>Section 7</b>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section 5</b>	<b>General</b>		
		Yes	No
a.	Has the applicant <b>currently</b> a significant disability of the spine or limbs That is likely to impair control of a vehicle? If <b>yes</b> , please give details in <b>Section 7</b>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is there a history of bronchogenic or other malignant tumour with a Significant liability to metastasise cerebrally? i. If <b>yes</b> , please give details and diagnosis and state whether there is current evidence of dissemination.  _____  _____  _____	<input type="checkbox"/>	<input type="checkbox"/>
c.	Is the applicant profoundly deaf?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Could this be overcome by any means to allow a telephone to be used in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>

**Section 6****Cardiac**

Yes No

**A. Coronary artery disease**

Is there a history of:

- |       |   |                      |                          |                          |
|-------|---|----------------------|--------------------------|--------------------------|
| i.    | Myocardial infarction?<br>If <b>yes</b> , please give date(s)   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii.   | Coronary artery by-pass graft?<br>If <b>yes</b> , please give date(s)   | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii.  | Coronary angioplasty?<br>If <b>yes</b> , please give dates (s)  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv.   | Any other coronary artery procedure?  |                      | <input type="checkbox"/> | <input type="checkbox"/> |
| v.    | Has the applicant suffered from angina  |                      | <input type="checkbox"/> | <input type="checkbox"/> |
| vi.   | Is the applicant still suffering from angina or only remains<br>angina free by the use of medication?           |                      | <input type="checkbox"/> | <input type="checkbox"/> |
| vii.  | Has the applicant suffered from heart failure?  |                      | <input type="checkbox"/> | <input type="checkbox"/> |
| viii. | Is the applicant still suffering from heart failure or only<br>remains controlled by medication?                |                      | <input type="checkbox"/> | <input type="checkbox"/> |
| ix.   | Has a resting ECG been undertaken?<br>If <b>yes</b> , please give date  | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x.    | Does it show pathological Q waves?  |                      | <input type="checkbox"/> | <input type="checkbox"/> |
| xi.   | Does it show Left Bundle branch block?  |                      | <input type="checkbox"/> | <input type="checkbox"/> |
| xii.  | Has an exercise ECG been<br>undertaken (or planned)?<br>If <b>yes</b> , please give date                        | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| xiii. | Has an angiogram been undertaken?<br>If <b>yes</b> , please give date and give<br>details in <b>Section 7</b> . | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B. Cardiac arrhythmia**

- |     |   |                          |                          |
|-----|---|--------------------------|--------------------------|
| i.  | Has the applicant had a significant documented disturbance of<br>Cardiac rhythm within the past 5 years?<br>If <b>yes</b> , please give details in <b>Section 7</b> .                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. | Has the arrhythmia (or its medication) caused symptoms of<br>sudden dizziness or impairment of consciousness or any<br>symptoms likely to distract attention during driving within the<br>past 2 years? | <input type="checkbox"/> | <input type="checkbox"/> |

- iii. Has echocardiography been undertaken?  
If **yes**, please give details in **Section 7**
- iv. Had an exercise test been undertaken?  
If **yes**, please give details in **Section 7**
- v. Had a **pacemaker** been implanted?
- vi. If **yes**, was it implanted to prevent bradycardia?
- vii. Is the applicant now free of sudden and/or disabling symptoms?
- viii. Does the applicant attend a pacemaker clinic regularly?
- ix. Has a cardiac defibrillator been implemented or ventricular antitachycardia device been fitted?

**C. Other Vascular disorders**

- i. Is there a history of aortic aneurysm with a transvers diameter of 5cm or more?
- ii. If **yes**, had the aneurism been successfully repaired?
- iii. Is there symptomatic peripheral arterial disease?

**D. Blood Pressure**

- i. Is there a history of hypertension with BP readings consistently Greater than 180 systolic or 100 diastolic?  
If **yes**, please supply most recent readings with dates    
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
- ii. If treated, does the medication cause any side effects likely to affect safe driving?

**E. Valvular Heart Disease**

- i. Is there a history of valvular heart disease (with or without surgery)?
- ii. Is there history of embolism?
- iii. Is there a history of arrhythmia – intermittent or persistent
- iv. Is there any persistent dilation or hypertrophy of either ventricle?

**F. Cardiomyopathy**

- i. Is there established cardiomyopathy?
- ii. Has there been a heart or heart/lung transplant?  
If **yes**, please give details in **Section 7**

**G. Congenital Heart Disorders**

- i. Is there a congenital heart disorder?
- ii. If **yes**, is it currently regarded as minor?
- iii. Is the patient in the care of a specialist clinic?  
If **yes**, please give details in **Section 7**

**Section 7**

You may wish to forward copies of hospital notes separately if you need to provide extra information.

# Medical Practitioner Details

To be completed by the Medical Practitioner carrying out the examination

**Section 8**

Doctor's Name
Address
Telephone No.

Surgery Stamp

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I can confirm that.....(*state driver's name*)  
seen on .....(*date*) is a **registered patient of this practice** and that I  
have completed this form having sight of their medical records.

I can confirm that the applicant:

- IS** fit for Group II driving.
- Is **NOT** fit for Group II driving.
- Must wear glasses for driving
- Meets the Group II medical standard but requires **more frequent** medical assessment. The next medical should be carried out no later than.....  
(Please state time period)
- Requires referral to Occupational Health for further medical tests or assessment.

Signature of Medical Practitioner

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Date

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# Applicants Details

To be completed in the presence of the Medical Practitioner carrying out the examination

## Section 9

Your name

Your address

Date of birth

Home Telephone Number

Work/Daytime No.

About your consultant/Specialist (if applicable)

Consultant's name

Address

Telephone no.

### Declaration an authorisation

to be completed by applicant/licence holder

**(If you have knowingly given false information in this examination you are liable to prosecution)**

### Consent and Declaration

This section **must** be completed and must **not** be altered in any way.

#### Please sign statement below:

**I authorise** my doctor(s) and specialists(s) to release reports to Three Rivers District Council's Licensing Officer and/or medical advisor about my medical condition(s).

**I declare** that I have checked the details I have given and, to the best of my knowledge, they are correct and accurate.

Signature

Date

MR/1 Revised November 2019