



**LICENSING OF HACKNEY CARRIAGE  
AND PRIVATE HIRE  
VEHICLE DRIVERS**

**MEDICAL EXAMINATION FORM**

**TOWN POLICE CLAUSES ACT 1847**

**AND**

**LOCAL GOVERNMENT  
(MISCELLANEOUS PROVISIONS)  
ACT 1976**

**June 2021**

## MEDICAL EXAMINATION

### On An Applicant for Hackney or Private Hire Vehicle Driving Entitlement

#### NOTES FOR THE APPLICANT

*If you knowingly give false information in this examination, you are liable to prosecution.*

Before you can be issued with entitlement to drive a Hackney Carriage or Private Hire Vehicle, Epsom and Ewell Borough Council must be satisfied that you are fit for this type of driving. For this reason, a certified Doctor must fill in Part B of this Medical Report. You should then send it with your application to the Licensing Service, Epsom and Ewell Borough Council, Town Hall, The Parade, Epsom, Surrey KT18 5BY. Failure to do so will delay the processing of your application.

Your Doctor will **not** be able to give this report free under the National Health – you may have to pay a fee (this fee will **not** be paid by Epsom and Ewell Borough Council). If you have any doubts about your fitness, consult your Doctor **before** you go for an examination. This form, together with the application form, must be received at the Regulatory Services Department within 4 months of the date of the Doctor's signature. **Unless your medical has expired then it has to be completed immediately.**

**Please complete in BLOCK CAPITALS**

#### **PART A TO BE FILLED IN BY THE APPLICANT**

*Answer all the questions in Part A*

If you have held a Hackney Carriage/Private Hire Vehicle licence before, when was your first licence issued?	HC    Date Issued ...../...../.....
	PHV   Date Issued ...../...../.....

1. Full name(s) and address(es)	
2. Telephone number(s)	
3. Name and address of the Doctor (or group practice) that you have been registered with for the last 12 months:	

## NOTES FOR THE DOCTOR

*Please read these notes before undertaking the examination*

**Please complete Part B of this report, having regard to the DVLA Group 2 Medical Standards.**

The medical standards for Hackney Carriage and Private Hire Vehicle entitlement are higher than they are for ordinary driving entitlement. These standards are briefly explained below.

Please tick the answer that applies and complete all answers.

**By Law a licence may not be issued if the applicant:**

- has had an epileptic attack since reaching the age of 5; **or**
- has visual acuity worse than 6/9 in the better eye or worse than 6/12 in the other eye or if corrective lenses are worn, has an uncorrected acuity in either eye of less than 3/60 unless he/she held a valid licence on 1 January 1983 and still held such a licence on 1 April 1991 when a lower standard will apply; **or**
- is a new monocular driver unless he/she held a valid licence on 1 April 1991 and the Licensing Officer who issued the licence had knowledge of the condition before 1 April 1991 and he/she has a visual acuity of not less than 6/9 in the remaining eye (or 6/12 if he/she was issued with a licence before 1 January 1983); **or**
- is an insulin dependent diabetic, unless he/she held a valid licence on 1 April 1991 and the Licensing Officer who issued that licence had knowledge of the condition before 1 January 1991.

**In addition, the licence will be refused if the applicant:**

- has had a myocardial infarction, CABG or coronary angioplasty
- suffers persistent arrhythmia
- has uncontrolled established hypertension
- has had a stroke, TIA, or unexplained loss of consciousness
- has had severe head injury with continuing after-effects, or major brain surgery
- has Parkinson's disease, multiple sclerosis or Menier's disease
- is being treated for or has suffered a psychotic illness in past 5 years
- has had alcohol or drug addiction problems in past 5 years
- has serious difficulty communicating by telephone
- has diplopia or visual field defect
- has any other condition which would cause problems for Hackney Carriage or Private Hire Vehicle driving.

**PART B MEDICAL EXAMINATION TO BE COMPLETED BY THE DOCTOR***Please complete all questions*

Please give patient's weight	(kg/st)
Please give patient's height	(cms/ft)
Patient's smoking habits, if any	
Patient's alcohol consumption, if any	

**1. VISION**

**Note:** Visual acuities must be measured by Snellen chart (using spectacles or contact lenses if required). If in doubt, please refer to local optician for assessment.

The applicant must meet 6/9 or better in one eye and 6/12 or better in the other.

See NOTES on page 2

1.1 Does he/she fail to meet this standard?	<p style="text-align: center;"><b>Yes/No</b></p> <p>If <b>"Yes"</b>, please state the acuities without lenses  Left ..... Right .....</p> <p style="text-align: center;">Acuities corrected by lenses:  Left ..... Right .....</p>
1.2 Is the uncorrected visual acuity in either eye worse than 3/60 (equivalent to reading 6/60 line at 3 metres) without the use of spectacles or contact lenses?	<b>Yes/No</b>
1.3 Is the applicant without sight in one eye?	<p style="text-align: center;"><b>Yes/No</b></p> <p>Please give date when he/she became monocular  ...../...../.....</p>
1.4 Is there diplopia or evidence of a pathological field defect e.g. hemianopsia or quadrant anopia?	<b>Yes/No</b>

**2. NERVOUS SYSTEM**

2.1	Has there been an epileptic attack since attaining the age of 5 years?	<b>Yes/No</b>
2.2	Does the applicant suffer from epilepsy?	<b>Yes/No</b>
2.3	Is there a history of an episode or episodes of unexplained altered consciousness?	<b>Yes/No</b>
2.4	Is there a history of stroke, TIA, or vertebrobasilar insufficiency?	<b>Yes/No</b>
2.5	Is there a history of recurring Menier's disease?	<b>Yes/No</b>
2.6	Is there evidence of multiple sclerosis?	<b>Yes/No</b>
2.7	Is there evidence of Parkinson's disease?	<b>Yes/No</b>
2.8	Is there a history of major brain surgery?	<b>Yes/No</b>
2.9	Is there history of serious head injury with evidence of an intracerebral haematoma or compound depressed skull fracture?	<b>Yes/No</b>
2.10	Is there serious difficulty preventing adequate communication by telephone?	<b>Yes/No</b>
2.11	Is there history of unexplained syncope or disabling vertigo?	<b>Yes/No</b>

**3. DIABETES MELLITUS**

3.1	Does the applicant have diabetes mellitus?	<b>Yes/No</b> If " <b>Yes</b> ", please answer the following questions.
3.2	Is the diabetes managed by:	<ul style="list-style-type: none"><li>• Insulin? <b>Yes/No</b></li><li>• Oral hypoglycaemic agents and diet? <b>Yes/No</b></li><li>• Diet only? <b>Yes/No</b></li></ul>
3.2	Is the control of the diabetes unsatisfactory?	<b>Yes/No</b>
3.4	Is there evidence of:	<ul style="list-style-type: none"><li>• Loss of peripheral visual field? <b>Yes/No</b></li><li>• Severe peripheral neuropathy? <b>Yes/No</b></li><li>• Significant impairment of limb function or joint position sense? <b>Yes/No</b></li><li>• Episodes of hypoglycaemia? <b>Yes/No</b></li></ul>

**4. PSYCHIATRIC ILLNESS**

4.1	Has the applicant suffered o required treatment for a psychotic illness in the past 5 years?	<b>Yes/No</b>
4.2	Has the applicant required treatment for a mental disorder with psychotropic medication within the past 6 months?	<b>Yes/No</b>
4.3	Is there confirmed evidence of dementia?	<b>Yes/No</b>
4.4	Is there a history of alcohol misuse in the last 5 years?	<b>Yes/No</b>
4.5.	Is there a history of drug or substance misuse in the last 5 years?	<b>Yes/No</b>

**5. MUSCULOSKELETAL SYSTEM**

5.1	Has the applicant had a significant disability of the spine which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?	<b>Yes/No</b>
5.2	Has the applicant any deformity, loss of limbs or parts of limbs, or physical disability (with special attention paid to the condition of the arms, legs, hands and joints) which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?	<b>Yes/No</b>

**6. MALIGNANT GROWTHS**

6.1	Is there a history of malignant brain lesion, either primary or secondary?	<b>Yes/No</b>
6.2	Is there a history of bronchogenic carcinoma?	<b>Yes/No</b>

**7. OTHER CONDITIONS**

7.1	Does the applicant suffer from any significant medical disability not mentioned above, which is likely to interfere with the efficient discharge of his/her duties as a driver?	<b>Yes/No</b>
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**8. CARDIAC**

8.1 <b>Coronary Artery Disease</b>  Is there a history of, or evidence of:	
8.1.1 Myocardial infarction?	<b>Yes/No</b> If "Yes", please give date(s)
8.1.2 Coronary artery by-pass graft (CABG)?	<b>Yes/No</b> If "Yes", please give date(s)
8.1.3 Coronary angioplasty?	<b>Yes/No</b> If "Yes", please give date(s)
8.1.3 Confirmed angina, whether or not treated symptomatically?	<b>Yes/No</b>
8.2 <b>Cardiac Arrhythmia and Heart Block</b>	
8.2.1 Is there a history of persisting cardiac arrhythmia?	<b>Yes/No</b>
8.2.2 Is there history of paroxysmal cardiac arrhythmia, in past six months?	<b>Yes/No</b>
8.2.3 Has an ECG been undertaken?	<b>Yes/No</b> If "Yes", what abnormality has been shown?
8.2.4 Has a pacemaker been inserted?	<b>Yes/No</b>
8.3 <b>Peripheral Arterial Disease</b>	
8.3.1 Is there a history of aortic aneurysm, thoracic or abdominal, whether or not it has been repaired?	<b>Yes/No</b>
8.3.2 Is there or has there been symptomatic peripheral arterial disease, with or without surgical intervention?	<b>Yes/No</b>
8.4 <b>Blood Pressure</b>	
8.4.1 Is the established blood pressure (to the nearest 5mm Mercury) 200/110 or over?	<b>Yes/No</b>
8.4.2 Is medication required?	<b>Yes/No</b>  If "Yes", does it cause giddiness, fainting, lack of alertness or fatigue? Yes/No

<b>8.5</b>	<b>Valvular Heart Disease</b>	
8.5.1	Is there evidence of valvular heart disease, with or without heart valve replacement?	<b>Yes/No</b>
8.5.2	Is the applicant taking anti-coagulants for the valvular heart condition?	<b>Yes/No</b>
<b>8.6</b>	<b>Other cardiac conditions</b>	
8.6.1	Is there a history of dilated cardiomegaly or hypertrophic cardiomyopathy?	<b>Yes/No</b>
8.6.2	Has an x-ray been undertaken?	<b>Yes/No</b>  If <b>“Yes”</b> , does it show significant enlargement of the heart, CTR>.55? Yes/No
8.6.2	Has heart, or heart/lung transplant, or cardiac surgery other than CABG or aortic aneurysm repair been undertaken?	<b>Yes/No</b>
8.6.3	Is there a history of congenital heart condition, whether or not treated surgically?	<b>Yes/No</b>

**9. FOR APPLICANT**

**YOU MUST SIGN THIS DECLARATION WHEN YOU ARE WITH THE DOCTOR WHO WILL BE FILLING IN PART B OF THIS REPORT**

I authorise my Doctor and Specialists to release confidential information to the Licensing Officer, Epsom and Ewell Borough Council, if any matter affecting my fitness to drive arises:

- \* in connection with my application for my licence;
- \* during the period that a licence (if granted) is in force; or
- \* in connection with my ordinary licence entitlement

Applicant's signature: .....Date: ...../...../.....



**10. FOR GENERAL PRACTITIONER**

Is there any abnormality present that is not included in above questions?	<b>Yes/No</b>
Do you consider further examination necessary?	<b>Yes/No</b> If <b>“Yes”</b> , in what period of time?

I ..... have this day examined the applicant who has signed this form in my presence and who, in my opinion, is;

Please tick

**Fit**

**Unfit**

to drive a hackney carriage or a private hire vehicle.

**I certify that I am a *General Practitioner registered with the GMC***

**MY GMC REFERENCE / REGISTRATION NUMBER is.....**

**Signature of General Practitioner:** .....

**THIS FORM WILL BE RETURNED IF NO PRACTICE STAMP IS ENDORSED BELOW.**

Full name(s) and address(es) of Doctor Practice	<b>Doctors Practice Stamp</b>
Telephone number(s)	
Email	

Correspondence to:      Licensing Team  
Epsom and Ewell Borough Council  
Town Hall, The Parade  
EPSOM, Surrey KT18 5BY

Telephone enquiries:    01372 732000