

MEDICAL REPORT

Medical Report on an applicant for a Hackney Carriage or Private Hire Driver's Licence.

If this is your first application for a Hackney Carriage or Private Hire Driver's Licence with this Authority, you must hand in this Medical Report Form completed by **YOUR OWN REGISTERED MEDICAL PRACTITIONER**.

In addition, from age 65 licensed drivers must submit a yearly Medical Report completed by their own Registered Medical Practitioner.

A WHAT YOU HAVE TO DO

- 1 Fill in Section 9 on Page 8 of this Report in the presence of the Doctor carrying out the examination.
- 2 If you have any doubts about your ability to meet the medical guidelines, consult your doctor **BEFORE YOU ARRANGE FOR THIS FORM TO BE COMPLETED**. Your doctor may charge you for completing it. In the event of your application being refused, the fee you pay your Doctor is **NOT** refundable. Bradford Council has **NO** responsibility for the fee payable to your Doctor.
- 3 The notes overleaf ("**Medical Guidelines for Driving Hackney Carriage and Private Hire Vehicles**") may help you.
- 4 This report must be received at the Hackney Carriage Unit within **6 MONTHS** of your Doctor signing the report.

B WHAT THE DOCTOR HAS TO DO

- 1 Please complete sections 1-8 of this Report. You may find it helpful to consult the Medical Commission on Accident Prevention Booklet "Medical Aspects of Fitness to Drive".
- 2 Applicants who may be asymptomatic at the time of the examination should be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold a Hackney Carriage or Private Hire Drivers Licence, they should inform the Hackney Carriage Unit immediately.

NOTE: A Hackney Carriage/Private Hire vehicle is licensed to drive at any time of the day or night, passengers of various conditions. He/she may be required to assist in the loading unloading and carriage of luggage. He/she should be capable of changing a wheel in order to keep the vehicle roadworthy.

C MEDICAL GUIDELINES FOR DRIVING HACKNEY CARRIAGE AND PRIVATE HIRE VEHICLES

The following conditions should be taken into consideration when determining whether or not an applicant is fit to drive Hackney Carriage or Private Hire vehicles

- **Epilepsy Attacks**
- **Diabetes**
- **Eyesight**

All drivers must be able to read in good daylight number plate at 20.5 metres (67 feet), and if glasses or contact lenses are required to do so these must be worn while driving

- **Any episode of unstable angina CABG, coronary angioplasty or myocardial infection in the preceding 3 months**
- **Any significant disturbance of cardiac rhythm occurring within the past 5 years.**
- **Any significant disturbance of cardiac rhythm occurring within the past 5 years.**
- **Hypertension where the BP is persistently 180 systolic or over or 100 diastolic or over.**
- **A stroke, TIA or unexplained loss of consciousness within the past 5 years.**
- **Meniere's and other conditions causing disabling vertigo within the past year.**
- **Recent severe head injury with 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 difficulty in communicating by telephone in an emergency.**
- **Insuperable diplopia, or defect in the binocular field of vision.**
- **Any other serious medical condition which may cause problems for road safety and Hackney Carriage or Private Hire driving.**

MEDICAL EXAMINATION

To be completed by the applicant's own Doctor

PLEASE ANSWER ALL QUESTIONS AND CIRCLE AS APPROPRIATE

Section 1 Vision (please see notes on eyesight on Page 2) – Please circle your answers					
A	Acuity of vision measured by the Snellen Chart (with corrective lenses if worn)				
	Right Eye:	Left Eye:	
B	Did the applicant wear his/her own glasses/contact lenses for this test?			Yes	No
C	Is the applicant's field of vision by hand test satisfactory?			Yes	No
D	If there is no perception of light in one eye, on what date did the applicant become monocular or lose the sight in one eye? Date:			Yes	No
E	Is there a full binocular field of vision (central and/or peripheral)?			Yes	No
F	Is there uncontrolled diplopia?			Yes	No
G	Do you consider the applicant's vision is likely to cause the driving by him/her of a Hackney Carriage/Private Hire Vehicle to be a source of danger to the public? (This question need only be answered if the acuity with corrective lenses, if worn, is below 6/12 with one eye and 6/36 with the other or if the field of vision is unsatisfactory)			Yes	No
Section 2 Nervous System					
A	Has the applicant had major or minor epileptic seizure(s)? If Yes , please give date of last seizure: _____ Date treatment ceased: _____			Yes	No
B	Is there a history of blackout or impaired consciousness within the past 5 years?			Yes	No
C	Is there a history of stroke or TIA within the past 5 years?			Yes	No
D	Is there a history of sudden disabling dizziness/vertigo within the last year?			Yes	No
E	Is there a history of chronic and/or progressive neurological disorder? If Yes , please give date and details in Section 7			Yes	No
F	Is there a history of brain surgery? If Yes , please give date and details in Section 7			Yes	No
G	Is there a history of serious head injury? If Yes , please give date and details in Section 7			Yes	No
H	Is there a history of brain tumour benign or malignant, primary or secondary? If Yes , please give date and details in Section 7			Yes	No

Section 3 Diabetes Mellitus				
1	Does the applicant have diabetes mellitus? If Yes , please answer the following questions, if No proceed to Section 4		Yes	No
2	Is the diabetes managed by Insulin? If Yes date started on insulin:		Yes	No
3	Oral hypoglycaemic agents and diet?		Yes	No
4	Diet only?		Yes	No
5	Is the diabetic control generally satisfactory?		Yes	No
6	Is there evidence of:			
	i.	Loss of visual field?	Yes	No
	ii.	Has there been bilateral laser treatment? If Yes please give date:	Yes	No
	iii.	Severe peripheral neuropathy?	Yes	No
	iv.	Significant impairment of limb function or joint position sense?	Yes	No
	v.	Significant episodes of hypoglycaemia?	Yes	No
	iv.	Complete loss of warning symptoms of hypoglycaemia?	Yes	No
Section 4 Psychiatric Illness				
1	Has the applicant suffered from or required treatment for a psychosis in the past 3 years? If Yes , please give details in Section 7		Yes	No
2	Has the applicant required treatment for any other psychiatric disorder within the past 6 months? If Yes , please give details in Section 7		Yes	No
3	Is there confirmed evidence of dementia? If Yes , please give details in Section 7		Yes	No
4	Is there a history of alcohol misuse or alcohol dependency in the past 3 years? Is there a history of illicit drug or substance use or dependency in the past 3 years? If Yes , please give details in Section 7		Yes	No
Section 5 General				
1	Does the applicant currently have a significant disability of the spine or limbs which are likely to impair control of the vehicle? If Yes , please give details in Section 7		Yes	No
2	Is there a history of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally? If Yes please give dates and diagnosis and state whether there is a current evidence of dissemination? Date: Evidence:		Yes	No
3	Is the applicant profoundly deaf? If Yes , is this overcome by any means to allow verbal communication with passengers and a telephone to be used in an emergency?		Yes	No

Section 6 Cardiac			
Coronary Artery Disease			
1	Myocardial infection? If Yes please give details in Section 7	Yes	No
2	Coronary artery by-pass graft?	Yes	No
3	Coronary Angioplasty?	Yes	No
4	Any other Coronary artery procedure?	Yes	No
5	Has the applicant suffered from Angina?	Yes	No
	If Yes, please give the date of last the last known attack:	Yes	No
6	Has the applicant suffered from Hear Failure?	Yes	No
	Is the applicant STILL suffering from Heart Failure or only remains controlled by medication? If a resting ECG has been undertaken please give date:	Yes	No
7	Does it show pathological Q waves?	Yes	No
8	Does it show Left Bundle branch block?	Yes	No
9	Has an exercise ECG been undertaken (or planned)? If Yes please give date:	Yes	No
Cardiac Arrhythmia			
11	Has the applicant had a significant documented disturbance of cardiac rhythm within the past 5 years? If Yes , please give details in Section 7	Yes	No
12	Has the arrhythmia (or its medication) caused symptoms of sudden dizziness, impairment of consciousness or any symptom likely to distract attention during driving within the past 2 years? If Yes , please give details in Section 7	Yes	No
13	Has Echocardiography been undertaken? If Yes , please give details in Section 7	Yes	No
14	Has an exercise test been undertaken? If Yes , please give details in Section 7	Yes	No
15	Has a PACEMAKER been implanted? If Yes , please give details in Section 7	Yes	No
16	Is the applicant now free of sudden and/or disabling symptoms?	Yes	No
17	Does the applicant attend a pacemaker clinic regularly?	Yes	No
18	Has a Cardiac defibrillator been implanted or anti ventricular tachycardia device been fitted?	Yes	No
Other Vascular Disorders			
19	Is there a history of aortic aneurysm with a transverse diameter of 5cm or more thoracic or abdominal? If Yes , has the aneurysm been successfully repaired?	Yes	No
20	Is there symptomatic peripheral arterial disease?	Yes	No
21	Has there been dissection of the Aorta?	Yes	No
Blood Pressure			
22	Is there a history of hypertension with BP readings consistently greater than 80 systolic or 100 diastolic? If Yes please supply the most recent readings with date. Date: Systolic: mm Hg / Diastolic: mm Hg	Yes	No
23	If treated, does the Medication cause any side effects to affect safety driving?	Yes	No

Valvular/Congenital Heart Disease			
24	Is there a history of valvular heart disease (with or without surgery)?	Yes	No
25	Is there any history of embolism?	Yes	No
26	Is there a history of arrhythmia – intermittent or persistent?	Yes	No
27	Is there persistent dilation or hypertrophy of either ventricle? If Yes , please give details in Section 7	Yes	No
Cardiomyopathy			
28	Is there established cardiomyopathy?	Yes	No
29	Has there been a heart or heart/lung transplant? If Yes , please give details in Section 7	Yes	No
Congenital Heart Disorders			
30	Is there a congenital heart disorder?	Yes	No
	If Yes , is it currently regarded as minor?	Yes	No
31	Is the patient in the care of a specialist clinic? If Yes , please give details in Section 7	Yes	No

Section 7 – Please provide any additional detail from the previous questions

Section 8

Medical Practitioner Details

To be completed by Doctor carrying out the examination.

<p>Name:</p> <p>Address:</p>	<p>Surgery Stamp</p>
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I certify that I have this day examined the applicant who has signed this form in my presence and who, in my opinion, is ***FIT/UNFIT** to drive a Hackney Carriage or Private Hire Vehicle (***Delete as necessary**)

Signature of Medical Practitioner:

Date:

Section 9

Applicant Details

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

<p>Your Name:</p> <p>Your Address:</p>	<p>Date of Birth:</p> <p>Home Telephone Number:</p> <p>Home Phone Number:</p> <p>Work Phone Number:</p>
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<p>About Your GP/Group Practice</p> <p>GP/Group Name:</p> <p>Address:</p> <p>Telephone Number:</p>	<p>About Your Consultant/Specialist (if applicable)</p> <p>Consultants Name:</p> <p>Address:</p> <p>Telephone Number:</p> <p>Hospital Telephone Number:</p> <p>Date Last Seen:</p>
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DECLARATION AND AUTHORISATION to be completed by applicant (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 the statement on the following page.

I authorise my Doctor(s) and Specialist(s) to release reports about my medical condition

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

Signature of Applicant:

Dated:

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(To be signed in the presence of a Medical Practitioner signing this Certificate)