

DEPARTMENT OF ENVIRONMENT AND NEIGHBOURHOODS

Medical in Confidence

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 **12 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.

**ON COMPLETION THIS FORM SHOULD BE RETURNED TO:- Hackney Carriage Unit, Shearbridge Depot
Great Horton Road, Bradford BD7 1PU**

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 a 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 proceeding 3 months.**
- **Any significant disturbance of cardiac rhythm occurring within the past 5 years.**
- **Suffering from or receiving medication for angina or heart failure.**
- **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

Section 1 Vision (please see notes on Eyesight on Page 2)

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 lasses/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

e) Is there a full binocular field of vision (central and/or peripheral) **Yes** **No**

f) Is there uncontrolled dislopia? **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)? **Yes** **No**

i) Please give date of last seizure

ii) Please give date when treatment ceased

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? **Yes** **No**

If **Yes** please give date and **details** in **Section 7**

f) Is there a history of brain surgery? **Yes** **No**

If **Yes** please give date and details in **Section 7**

g) Is there a history of serious head injury? **Yes** **No**

If **Yes** please give details in **Section 7**

- h) Is there a history of brain tumour **either** benign or malignant, primary or secondary?
If **Yes** please give details in **Section 7** **Yes** **No**

Section 3 Diabetes Mellitus

- a) Does the applicant have diabetes mellitus? **Yes** **No**
If **Yes** please answer the following questions
If **No** proceed to **Section 4**
- b) Is the diabetes managed by: Insulin? **Yes** **No**
If **Yes** dated started on insulin
- Oral hypoglycaemic agents and diet? **Yes** **No**
Diet Only **Yes** **No**
- c) If the diabetic control generally satisfactory? **Yes** **No**
- d) Is there evidence of:-
- (i) Loss of visual field **Yes** **No**
(ii) Has there been bilateral laser treatment? **Yes** **No**
If **Yes** please give date
- (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

- a) 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**
- b) 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**
- c) Is there confirmed evidence of dementia? **Yes** **No**
- d) i) Is there a history of alcohol misuse or alcohol dependency in the past 3 years? **Yes** **No**
ii) Is there a history of illicit drug or substance use or dependency in the past 3 years? If **Yes** to i) or ii) please give details in **Section 7** **Yes** **No**

Section 5 General

- a) Has the applicant **currently** a significant disability of the spine or limbs which are likely To impair control of the vehicle?
i) If **Yes** please give details in **Section 7** **Yes** **No**
- b) Is there a history of bronchogenic or other malignant tumour with a significant liability To metastasise cerebrally? **Yes** **No**
(i) If **Yes** please give dates and diagnosis and state whether there is a current evidence of dissemination?

Dates:-

- c) Is the applicant profoundly deaf? **Yes** **No**
- d) 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
A Coronary Artery Disease

Is there a history of:-

- i) Myocardial infection?
If **Yes** give details:-
.....
- ii) Coronary artery by-pass graft?
If **yes** give dates(s)
.....
- iii) Coronary Angioplasty?
If **yes** please give date(s)
- iv) Any other Coronary artery procedure?
If **yes** please give details in **Section 7** **Yes** **No**
- v) Has the applicant suffered from Angina? **Yes** **No**
- vi) Is the applicant STILL suffering from angina or remains angina free by use of medication? **Yes** **No**
- vii) Has the applicant suffered from Hear Failure? **Yes** **No**
- viii) Is the applicant STILL suffering from Heart Failure or only remains controlled by medication? **Yes** **No**
- ix) If a resting ECG has been undertaken?
Please give date
- x) Does it show pathological Q waves? **Yes** **No**
- xi) Does it show Left Bundle branch block? **Yes** **No**
- xii) Has an exercise ECG been undertaken (or planned)? **Yes** **No**
If **Yes** please give date
- xiii) Has an angiogram been undertaken? **Yes** **No**
If **Yes** please give date and details in **Section 7**

B Cardiac Arrhythmia

- i) 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**
- ii) Has the arrhythmia (or its medication) caused symptoms of sudden dizziness or Impairment of consciousness or any symptom likely to distract attention during driving

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- within the past 2 years? **Yes** **No**
- iii) Has Echocardiography been undertaken? **Yes** **No**
If **Yes** please give details in **Section 7** **Yes** **No**
- iv) Has an exercise test been undertaken? **Yes** **No**
If **Yes** please give details in **Section 7**
- v) Has a PACEMAKER been implanted? **Yes** **No**
If **Yes**, was it implanted to prevent Bradycardia? **Yes** **No**
- vi) Is the applicant now free of sudden and/or disabling symptoms? **Yes** **No**
- vii) Does the applicants attend a pacemaker clinic regularly? **Yes** **No**
- viii) Has a Cardiac defibrillator been implanted or antivenricula tachycardia device been fitted? **Yes** **No**

C Other Vascular Disorders

- i) Is there a history of aortic aneurysm with a transverse diameter of 5cm or more? (Thoracic or abdominal) **Yes** **No**
If **Yes** has the aneurysm been successfully repaired? **Yes** **No**
- ii) Is there symptomatic peripheral arterial disease? **Yes** **No**
- iii) Has there been dissection of the Aorta? **Yes** **No**

D Blood Pressure

- i) Is there a history of hypertension with BP readings consistently greater than 180 systolic or 100 diastolic? **Yes** **No**
If **Yes** please supply most recent readings with dates

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- ii) If treated, does the Medication cause any side effects to affect safety driving? **Yes** **No**

E Valvular Heart Disease

- i) Is there a history of valvular heart disease (with or without surgery)? **Yes** **No**
- ii) Is there any history of embolism? **Yes** **No**
- iii) Is there a history of arrhythmia – intermittent or persistent? **Yes** **No**

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- iv) Is there persistent dilation or hypertrophy of either ventricle? **Yes** **No**
If **Yes** please give details in **Section 7**

F **Cardiomyopathy**

- i) Is there established cardiomyopathy? **Yes** **No**
- ii) Has there been a heart or heart/lung transplant?
If **Yes** please give details in **Section 7** **Yes** **No**

G **Congenital Heart Disorders**

- i) Is there a congenital heart disorder? **Yes** **No**
- ii) If **Yes** is it currently regarded as minor? **Yes** **No**
- iii) Is the patient in the care of a specialist clinic?
If **Yes** please give details in **Section 7** **Yes** **No**

Section 7

Medical Practitioner Details

To be completed by Doctor carrying out the examination

Section 8

Surgery Stamp

Name
Address

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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.....

Applicant's Details

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

Section 9

Your Name	Date of Birth:
Your Address	Home Telephone No:
	Work/Daytime Tel No:

About Your GP/Group Practice

About your Consultant/Specialist *(if applicable)*

GP/Group Name	Consultant's Name
Address	Address
Telephone No:	Telephone No: Hospital Telephone No:
	Date Last Seen <input style="width: 150px;" type="text"/>

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 statement below:

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

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