

## MEDICAL REPORT

### Medical Report for a Hackney Carriage or Private Hire Driver's Licence.

A medical report is required for all new applicants. Please have this medical report completed by a **Registered Medical Practitioner** who has had full access to your medical history. In addition, a yearly medical is also required when licensed by a driver over the age of 65.

#### A. WHAT YOU HAVE TO DO.

1. Book an appointment with a registered GP, if this is not with your own GP they must confirm that they have had access to your full medical history.
2. Complete Sections 2 and 4 in the presence of the registered GP completing this report.
3. The Licensing Service are not able to accept a completed Medical Report older than **6 months**.
4. Once the medical report has been completed email a copy of pages 2 and 3 via the link that has been emailed to you. If you have not yet received the link please wait until this has been sent.

#### B. WHAT THE REGISTERED GP HAS TO DO.

1. Read the below notes.
2. Complete Sections 1 and 3. Checking that Sections 2 and 4 have been completed in your presence.
3. You may find it helpful to consult the Medical Commission on Accident Prevention Booklet "Medical Aspects of Fitness to Drive".
4. 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 Licensing Service immediately.

#### Guidance notes.

The following conditions should be taken into consideration when determining whether an applicant is fit to obtain a Hackney Carriage or Private Hire licence.

1. A licensed Hackney Carriage or Private Hire driver may be required to drive at any time of the day or night. He/she may be required to assist in the loading unloading and carriage of luggage. He/she should be capable of changing a wheel to keep the vehicle roadworthy.
2. 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
3. To consider the below.
  - Any episode of unstable angina CABG, coronary angioplasty or myocardial infarction in the preceding 3 months
  - 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 side effects, or major brain surgery.
  - 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.

## Section 1

### Medical Practitioner Details

To be completed by the registered GP carrying out the examination.

Name:

Surgery Stamp

Address:

I certify that I have this day examined the applicant and have had full access to their medical history. The applicant 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 completed:

## Section 2

### Applicant Details

To be completed by the applicant in the presence of the registered GP carrying out the examination.

Full Name:

Date of Birth:

Address:

Home Telephone Number:

Mobile Telephone Number:

Current GP/Group Practice

Current Consultant/Specialist (if applicable)

GP/Group Name:

Consultants Name:

Address:

Address:

Telephone Number:

Telephone Number:

Date Last Seen:

**Section 3 – To be completed by the registered GP carrying out the examination.**

Please provide any additional details from the guidance notes.

**Section 4**

This medical **MUST** be completed and must **NOT** be altered in any way.

**I authorise the GP(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:**

**(To be signed in the presence of the registered GP signing this Certificate)**