MEDICAL EXAMINATION APPLICATION

for Hackney Carriage or Private Hire Driver's Licence

To be completed by the doctor, taking into account the criteria for Group 2 Vocational Drivers as set out in the latest edition of the DVLA publication (see accompanying Notes to Medical Examination Application).

Please answer all questions. In completing this form, the licensing authority would ask the medical practitioner concerned to ensure that the applicant is examined and also that full regard is paid to the applicant's medical history.

Section 1 Vision (Please see section on **eyesight** in Notes to Medical Examination Application)

a. Is the visual acuity, as measured by the Snellen chart, at least 6/9 in the better eye and at least 6/12 in the other (corrective lenses may be worn to achieve this standard)? YES ☐ NO ☐

b. If corrective lenses have to be worn to achieve this standard:-

(i) is the **uncorrected** acuity **at least** 3/60 in the **left** eye? YES ☐ NO ☐

(ii) is the **uncorrected** acuity **at least** 3/60 in the **right** eye? YES ☐ NO ☐

(3/60 being the ability to read the 60 line of the Snellen chart at 3 metres).

c. Please state all the visual acuities for all applicants measured:-

Uncorrected Left ☐ Right ☐

Corrected (if applicable) Left ☐ Right ☐

d. If there is NO perception of light in one eye, on what did the applicant become a monocular or lose the sight in one eye? .....

e. Is there a full binocular field of vision on confrontation (central and/or peripheral)? YES ☐ NO ☐

f. Is there evidence of uncontrolled diplopia or evidence of a pathological field defect – eg hemianopia or quadrantanopia? 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 ☐

(i) If **YES**, please give details in **SECTION 7**

c. Is there a history of stroke or TIA within the past 5 years? YES ☐ NO ☐

(i) If **YES**, please give details in **SECTION 7**

d. Is there a history of sudden disabling dizziness/vertigo within the last year? YES ☐ NO ☐

(i) If **YES**, please give details in **SECTION 7**

e. Does the patient have a pathological sleep disorder? YES ☐ NO ☐

(i) If **YES**, has it been controlled successfully? YES ☐ NO ☐

f. Is there a history of chronic and/or progressive neurological disorder? YES ☐ NO ☐

(i) If **YES**, please give details in **SECTION 7**

g. Is there a history of brain surgery? YES ☐ NO ☐

(i) If **YES**, please give date and details in **SECTION 7**

h. Is there a history of serious head injury? YES ☐ NO ☐

(i) If **YES**, please give date and details in **SECTION 7**

i. Is there a history of brain tumour, either benign or malignant, primary or secondary? YES ☐ NO ☐

(i) If **YES**, please give details in **SECTION 7**

Section 3 Diabetes Mellitus

a. Does the applicant have diabetes mellitus? YES ☐ NO ☐

(i) If **YES**, please answer the following questions

(ii) If **NO**, proceed to **SECTION 4**

b. Is the diabetes managed by:-

(i) Insulin? YES ☐ NO ☐

If **YES**, date started on insulin? .....

(ii) Oral hypoglycaemic agents and diet? YES ☐ NO ☐

(iii) Diet only? YES ☐ NO ☐

c. Is 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 or hypoglycaemia? YES ☐ NO ☐

(vi) Complete loss of warning symptoms of hypoglycaemia? YES ☐ NO ☐

Section 4 Psychiatric Illness

a. Has the applicant suffered, or required treatment for, a psychosis in ☐ ☐

the past 3 years? YES NO

(i) If **YES**, please give details in **SECTION 7**

b. Has the applicant required treatment for a psychiatric disorder within the past 6 months? YES ☐ NO ☐

(i) If **YES**, please give details in **SECTION 7**

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? YES ☐ NO ☐

If **YES** to (i) or (ii), please give details in **SECTION 7**

Section 5 General

a. Has the applicant **currently** a significant disability of the spine or limbs which is likely to impair control of the vehicle? YES ☐ NO ☐

(i) If **YES**, please give details in **SECTION 7**

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 current evidence of dissemination

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c. Is the applicant profoundly deaf? YES ☐ NO ☐

d. Is this overcome by any means to allow a telephone to be used in an emergency? YES ☐ NO ☐

Section 6 Cardiac

a. **Coronary Artery Disease**

Is there a history of:

(i) myocardial infarction? YES ☐ NO ☐

If **YES**, please give dates(s) .....

(ii) Coronary artery by-pass graft? YES ☐ NO ☐

If **YES**, please give dates(s) .....

(iii) Coronary angioplasty? YES ☐ NO ☐

If **YES**, please give dates(s) .....

(iv) Any other coronary artery procedure? YES ☐ NO ☐

If **YES**, please give details in **SECTION 7**

(v) Has the applicant suffered from angina? YES ☐ NO ☐

(vi) Is the applicant **STILL** suffering from angina or only remains angina free by the use of medication? YES ☐ NO ☐

(vii) Has the applicant suffered from heart 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 (or planned)? YES ☐ NO ☐

If **YES**, please give date and give details in **SECTION 7** .....

b. **Cardiac Arrhythmia**

(i) Has the applicant had a significant documented disturbance of cardiac rhythm within the past 5 years? YES ☐ NO ☐

If **YES**, please give details in **SECTION 7**

(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 within the past 2 years? YES ☐ NO ☐

(iii) Has echocardiography been undertaken? YES ☐ NO ☐

If **YES**, please give details in **SECTION 7**

(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 applicant attend a pacemaker clinic regularly? YES ☐ NO ☐

(viii) Has a cardiac defibrillator been implanted or antiventricular tachycardia device been fitted? YES ☐ NO ☐

c. **Other Vascular Disorders**

(i) Is there a history of aortic aneurysm with a transverse diameter of 5 cm 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 a 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 likely to affect safe 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 any history of arrhythmia – intermittent or persistent? YES ☐ NO ☐

(iv) Is there persistent dilatation 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? YES ☐ NO ☐

If **YES**, please give details in **SECTION 7**

g. **Congenital Heart Disorders**

(i) Is there a congenital heart disorder? YES ☐ NO ☐

If **YES**, is it **currently** regarded as minor? YES ☐ NO ☐

(ii) Is the patient in the care of a specialist clinic? YES ☐ NO ☐

If **YES**, please give details in **SECTION 7**

Section 7 Additional Notes

Section 8 Medical Practitioner Details (to be completed by doctor carrying out the examination)

I have examined the applicant named below and, having paid full regard to his/her medical history, I consider that the applicant **MEETS / DOES NOT MEET*** the criteria for a Group 2 Vocational Driver's Licence, as

set out in the latest edition of the DVLA publication "Medical Practitioners – at a Glance Guide for Current Medical Standards of Fitness to Drive" and the Medical Commission on Accident Prevention's publication "Medical Aspects of Fitness to Drive".

*please delete whichever is not applicable **SURGERY STAMP**

Name .....

Address .....

.....

.....

Tel. .....

Signature (of Medical Practitioner) ..... Date .....

Section 9 Applicant Details (to be completed by the applicant in the presence of the medical practitioner carrying out the examination)

About you

Name ..... Date of Birth .....

Address ..... Home Phone No .....

..... Work/Daytime No .....

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About the GP/Group Practice

GP/Group Name .....

Address .....

.....

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Tel .....

About your consultant/specialist (if applicable)

Cons Name .....

Address .....

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Tel .....

Date last seen .....

Declaration and Authorisation (to be completed by the 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 below:-

I authorise the doctor(s) and specialist(s) to release reports to the Licensing Office of Dorset Council about my medical condition.

Dorset Council will use your personal information to provide you with the service which you or someone acting on your behalf has asked us to provide. We will also use your personal details for the purposes of crime prevention and crime detection and will, if asked, share it with other public bodies for that purpose. The full statement about how we will use your personal details can be seen at **www.dorsetforyou.com/416433** or a copy can be provided by contacting the Licensing Office.

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

Signature ..... **Date** .....