

Medical Certificate for Hackney Carriage/Private Hire Drivers

This certificate is not one which must be issued free of charge as part of the National Health Service. The Council accepts no liability to pay for any medical examination.

Westmorland and Furness Council requires DVLA Group 2 Entitlement.

Applicant Surname: Other Names:

Address:.....

..... Postcode:.....

Date of Birth:...../...../.....

Signature of Applicant:.....
(to be signed in presence of Medical Practitioner)

When completing this medical certificate, Medical Practitioners are asked to have regard to the recommendations made by the DVLA Drivers Medical Group published in the booklet 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' and any notes published by the British Medical Association.

Medical Questions		Comments
1 (a)	Has the applicant to the best of your knowledge ever had an epileptic seizure, either primary or secondary, in the last 10 years without anticonvulsant medication in that time?	Yes/No
(b)	Has the applicant to the best of your judgement been subject to: (i) any fainting whilst sitting or lying; (ii) any loss of consciousness or altered awareness; (iii) any vertigo or sudden attacks of unprovoked or unprecipitated disabling giddiness?	Yes/No Yes/No Yes/No
2 (a)	Does the applicant suffer from angina, angioplasty, CABG, myocardial infarction, any cardiovascular disorders, hypertension or ischaemic heart disease?	Yes/No
(b)	Are any of the above heart disorders likely to interfere with the efficient discharge of his/her duties as a Hackney Carriage/Private Hire driver?	Yes/No
3 (a)	Does the applicant suffer from Diabetes Mellitus (i) managed by insulin; (ii) managed by tablets; (iii) managed by diet?	Yes/No Yes/No Yes/No
(b)	Is there evidence of: (i) problems affecting visual activity or vision fields; (ii) problems affecting circulation in the legs; (iii) impaired awareness of hypoglycaemia?	Yes/No Yes/No Yes/No

Medical Questions		Comments
4 (a)	Does the applicant suffer from anxiety or depression?	Yes/No
(b)	Is the applicant on any prescribed medication likely to interfere with alertness or concentration when driving?	Yes/No
5	Does the applicant show any evidence of alcohol misuse or alcohol dependency?	Yes/No
6	Does the applicant show any evidence of dependency or misuse of drugs within the past 3 years?	Yes/No
7 (a)	Acuity of vision without glasses or contact lenses.	
(b)	Acuity of vision with glasses or contact lenses must not be worse than 6/9 in the better eye or 6/12 in the other eye. Uncorrected acuity in each eye MUST be at least 3/60.	
(c)	Did the applicant wear glasses or contact lenses for the test?	Yes/No
(d)	Do you consider that the applicant's vision is likely to cause the driving by him/her of a Hackney or Private Hire vehicle to be a source of danger to the public?	Yes/No
8 (a)	Does the applicant suffer from any serious hearing defect?	Yes/No
(b)	Does the applicant wear any device to aid hearing?	Yes/No
9	Does the applicant suffer from any renal disorder?	Yes/No
10	Does the applicant suffer from any sleep disorders or any respiratory disorders including asthma or COPD?	Yes/No
11	Does the applicant have any deformity/loss of physical mobility that is likely to interfere with the discharge of duties as a Hackney or Private Hire driver? Special attention should be paid to the condition of legs, arms, hands and joints.	Yes/No
12	Does the applicant appear to be suffering from any mental ailment or other disease, complaint or other physical disability which is likely to interfere with the efficient discharge of his/her duties as a Hackney or Private Hire driver that is likely to be a source of danger to the public?	Yes/No

I certify that I have 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. I certify that I am the applicant's registered GP or have access to the applicant's medical records. (* Delete as necessary)

Signature of Registered Medical Practitioner:

Date:

Name (Capital Letters):

Address:

.....

..... Postcode:

Practice Office Stamp