

APPENDIX THREE:

GROUP II STANDARD MEDICAL REPORT

HACKNEY CARRIAGE & PRIVATE HIRE (DUAL) DRIVER LICENCE

NOTE FOR MEDICAL PRACTITIONERS:

In completing this medical certificate, Medical Practitioners are asked to have regard to the recommendations by the Medical Commission for Accident Prevention in their book "Medical Aspects of Fitness to Drive".

You may find it helpful to read DVLA's "At a Glance" booklet. You can download this from the 'medical rules for all drivers' section at:

www.dft.gov.uk/dvla/medical/medical_professionals.aspx

Medicals must be carried out in accordance with the Group II Medical Examination guide.

Photographic identification must be provided by the patient before the examination takes place. This should be in the form of a Driver Licence or Passport. Please copy the identification document, sign and date it and attach the copy to the medical certificate form which will be returned to the Licensing section by the applicant.

Please ensure that you have obtained permission to access the applicants full medical history before commencement of the examination.

This certificate is not one which must be issued free of charge as part of the National Health Service. Ashfield District Council accepts no liability to pay for it. Unless any other arrangements have been made for the payment of the fee, the applicant is to pay.

NOTE FOR APPLICANT

The applicant may use his / her own GP for this medical examination or alternatively arrangements can be made to use any other Medical Practitioner who can offer a Group II Medical Examination and has written permission to access the applicants medical records.

Photographic identification must be presented to the GP carrying out the medical before the medical takes place. (Drivers licence photocard or passport are acceptable).

A medical report will not be accepted without a photocopy of the photographic identification produced at the medical, signed and dated by the GP.

If you choose not to use your own GP then written permission to access your medical records will be required by the medical practitioner of your choice.

This Group II Standard Medical Certificate requires completing and certifying:

- **On first application for a Hackney Carriage & Private Hire (Dual) Driver Licence.**
- **When reaching the ages of: 45, 50, 55, 60 and 65.**
- **Annually when reaching the age of 65 years old, and on all other occasions required by Council (i.e. where health issues require frequent monitoring).**

Please note that an application will not be processed without the necessary certified Group II Standard Medical Certificate when such a Certificate is required.

The Department for Transport 'Taxi and Private Hire Vehicle Licensing Best Practice Guidance' recommends that the DVLA Group II Medical Standards of fitness to drive are applied to applicants for a Hackney Carriage & Private Hire (Dual) Driver Licence.

This medical guidance is provided for anyone who considers that they may have difficulty in meeting the required standard and who may wish to seek advice from their GP or the DVLA before requesting a medical appointment. The list of medical problems is not exhaustive, but covers those which may lead to refusal.

Epileptic Attack

Applicants must have been free of epileptic seizure for at least the past 10 years and have taken anti-epileptic medication during this period

Diabetes

Applicants who are insulin dependant diabetics will not be considered fit to hold a Hackney Carriage & Private Hire (Dual) Driver Licence unless they meet the DVLA criteria for category C1 licences.

Eye Sight

In addition to meeting the DVLA licence requirements to read a vehicle number plate, a visual acuity of at least 6/9 in the better eye and 6/12 in the worst eye (with or without glasses or contact lenses) together with a normal binocular field of vision is required.

Other Medical Conditions

Applicants who have had heart problems or disturbance of cardiac rhythm or who have persistent high blood pressure may not meet the required medical standards.

Applicants who have had recent severe head injury or major brain surgery may not meet the required standard.

Any condition, for example, Parkinson's Disease, Multiple Sclerosis or other 'chronic' neurological disorder which is likely to affect limb power and/or co-ordination may not be accepted.

NOTE FOR APPLICANT & MEDICAL PRACTITIONER

When completing this Group II Medical Report form please note as to who must complete each Section of the form.

Section A: To be completed by the applicant.

Section B: To be completed by the Medical Practitioner.

Section C: To be completed by the applicant.

Please remember to complete questions 1-13 and sign and date the declaration and consent, before you attend your appointment with the Medical Practitioner.

ASHFIELD DISTRICT COUNCIL

GROUP II MEDICAL CERTIFICATE:

HACKNEY CARRIAGE & PRIVATE HIRE (DUAL) DRIVER LICENCE

A. THE APPLICANT

Title	<input type="text" value="Mr / Mrs / Miss"/>	<input "="" type="text" value="D.O.B.:"/>
Surname	<input type="text"/>	
Forename(s)	<input type="text"/>	
Address	<input type="text"/>	
Occupation	<input type="text"/>	
Signature of Applicant	<input type="text"/>	

(To be signed in the presence of the Medical Examiner)

Please give the name and address of the Doctor (or Group Practice) that you have been registered with over the last 12 months.

Name(s)
Address
Postcode

B. TO BE COMPLETED BY THE MEDICAL EXAMINER ONLY

Recommendation: I certify that I have this day examined, in accordance with the Group II Medical guidance, the applicant who has signed this form in my presence and provided photographic identification, who in my opinion is:

MEDICALLY: FIT / UNFIT (delete as applicable)

to drive Hackney Carriage and Private Hire Vehicles.

C. THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Please answer each of these questions by circling **YES** or **NO**.

1	Medication		
	Are you receiving any prescribed medication? <i>If YES, please bring details of your medication to your examination (i.e. to the G.P. / Doctor who examines you).</i>	YES	NO

2	Vision		
	Do you wear spectacles or contact lenses for driving?	YES	NO
	Do you have any other visual disorder? (such as glaucoma)	YES	NO

3	Brain and nervous system		
	Have you ever suffered from or been treated for the following condition(s)?		
	Epilepsy	YES	NO
	Sudden & disabling dizziness/vertigo	YES	NO
	Stroke or TIA (Transient ischaemic attack)	YES	NO
	A serious head injury	YES	NO
	Brain surgery	YES	NO
Chronic Neurological Disorder e.g. Parkinson's ,Multiple Sclerosis	YES	NO	

4	Diabetes Mellitus ("Sugar Diabetes")		
	Do you have diabetes? If so, is it treated with:	YES	NO
	Diet alone <input type="checkbox"/>		
	Diet and tablets <input type="checkbox"/>		
Insulin injections <input type="checkbox"/>			

5	Heart and circulation		
	Have you ever suffered from or been treated for the following condition(s)?		
	High blood pressure	YES	NO
	Angina (chest pain when exercising)	YES	NO
	Myocardial infarction (a heart attack)	YES	NO
	Palpitations	YES	NO
	Peripheral vascular disease (poor circulation)	YES	NO
Congenital heart disease (for example, a hole in the heart)	YES	NO	

6	Sleep and breathing disorders		
	Do you suffer with obstructive sleep apnoea?	YES	NO

7	Mobility		
	Do you have any problems with arthritis, neck or back pain?	YES	NO

8	Disability		
	Are you registered as being disabled?	YES	NO
	Are you disabled in any way?	YES	NO

9	Psychiatric illnesses and dependency		
	Have you ever received medical attention or treatment for a psychiatric illness? (for example anxiety, depression)	YES	NO
	Have you ever been dependent upon alcohol or drugs?	YES	NO

10	Hearing		
	Do you have any impairment of hearing? (for example, do you wear a hearing aid?)	YES	NO

11	Hospital Treatment		
	Have you been treated in hospital in the last five years? <i>If YES, please bring details of your treatment to the medical</i>	YES	NO

12	DVLA		
	Have you ever needed to report a health concern to the DVLA?	YES	NO
	Has the DVLA ever placed restrictions on your licence due to problems with your health?	YES	NO

13	General		
	Have you ever suffered from or been treated for the following condition(s)?		
	Chest trouble (chronic bronchitis, asthma, tuberculosis)	YES	NO
	Stomach trouble (ulcer, colitis)	YES	NO
	Have you any other medical condition that could affect safe driving? If yes please provide details	YES	NO

Declaration and consent (applicant):

- I confirm that the information I have provided is accurate, and that I have not withheld any material details relating to my health.
- I understand that knowingly providing false information may render me liable to prosecution.
- I authorise the doctor completing this report to provide an opinion to the Licensing Authority of my health in relation to the standards required to hold a Hackney Carriage & Private Hire (Dual) Driver Licence.
- I authorise the doctor to retain and store this information in a manner consistent with the Data Protection Act.
- I authorise that the doctor (where this is not my GP) can have access to my medical records to assist him/her in determining my suitability to pass a Group II Medical Examination.

Signed: **Dated:**