

APPENDIX FOUR:

SELF-CERTIFICATION MEDICAL REPORT

HACKNEY CARRIAGE & PRIVATE HIRE (DUAL) DRIVER LICENCE

If the applicant is not required to undertake a full Group II Standard Medical Examination on renewal of their Hackney Carriage & Private Hire (Dual) Driver Licence, they must submit a Self-Certification Medical Report.

The Licensing Authority reserves the right to request a further Group II Standard Medical Examination carried out, where it is deemed appropriate (i.e. where there are health issues that require frequent monitoring, or where an existing health issue may give rise to concerns over the safety of the driver, his / her passengers and other members of the public).

A. THE APPLICANT

Title

Surname

Forename(s)

Address

Occupation

Signature of Applicant

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:

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 provide the Licensing Authority with details of the medication that you are currently taking, below:</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:

- 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, and / or my suitability to continue to hold a Hackney Carriage & Private Hire (Dual) Driver Licence being reviewed.

SIGNATURE: **DATE:**