



**REPORT OF MEDICAL EXAMINATION OF APPLICANT FOR  
 HACKNEY CARRIAGE/PRIVATE HIRE DRIVER'S LICENCE**

Applicants Forename(s)	Surname
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Address of Applicant

Date of Birth	Age
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**Note:**

- (1) Medical Practitioners are asked to forward this certificate under separate cover to the address overleaf. Any fee charged is payable direct by the applicant to the medical practitioner.
- (2) The Medical Examination should be conducted to the standard prescribed in 'Medical Aspects of Fitness to Drive' published by the 'Medical Commission on Accident Prevention' and the Council requests that all applicants for a Hackney Carriage/Private Hire Drivers Licence meet Group 2 medical standards.
- (3) The standard of acuity of vision is considered unsatisfactory if it is below 6/12 with one eye and 6/36 with the other eye, with or without optical aid.
- (4) Special attention is directed to the condition of the arms, hands, legs and feet and particularly to the joints of the upper and lower extremities.
- (5) A licensee is examined on first application for a Hackney Carriage/Private Hire Drivers licence and every 5 years thereafter until the age of 60 when a medical is required annually.

Reply to be written in this column

1. Is the applicant, to the best of your judgement, subject to epilepsy, vertigo, sudden attacks of disabling giddiness or fainting or any mental disorder or defect likely to affect their efficiency as a driver of a hackney carriage or private hire vehicle?	
2. Does the applicant suffer from any heart or lung disorder or defect which might interfere with the efficient performance of their duties as a hackney carriage or private hire vehicle driver?	
3. Are the blood pressure readings – both Systolic and Diastolic – normal, having regard to the applicant's age? If not, do you consider that the abnormal blood pressure would be likely to affect the applicants competence as a hackney carriage or private hire vehicle driver?	
4. (a) Is there any defect of vision? If so please give details. (See Note 3)  (b) If the reply to (a) is in the affirmative, give acuity of vision by Snellens Test type with and without glasses and answer the following:	(a) Yes <input type="checkbox"/> No <input type="checkbox"/>  (b) RE ..... LE ..... without glasses  RE ..... LE ..... with glasses (if applicable)

(i) Was the test conducted with the applicant's own glasses, or	(i)
(ii) Have suitable glasses been prescribed?	(ii) Yes <input type="checkbox"/> No <input type="checkbox"/>
(iii) Do you consider that the applicant should wear glasses when driving?	(iii) Yes <input type="checkbox"/> No <input type="checkbox"/>
(iv) Is the applicant's field of vision by hand test satisfactory?	(iv) Yes <input type="checkbox"/> No <input type="checkbox"/>
(v) Is the colour vision normal?	(v) Yes <input type="checkbox"/> No <input type="checkbox"/>
(vi) Does the applicant suffer a squint or any other visual defect which could affect their fitness to drive a motor vehicle?	(vi) Yes <input type="checkbox"/> No <input type="checkbox"/>
(vii) Could any visual defect observed be sufficiently corrected to make the applicant fit to drive a motor vehicle?	(vii) Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the applicant's duties as a hackney carriage or private hire vehicles driver?	
6. Has the applicant any deformity or loss of limbs? If so, could it interfere with the efficient performance of their duties as a hackney carriage or private hire vehicle driver? (See Note 3)	
7. Is the applicant sufficiently active for the performance of his/her duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is the applicant, in your opinion, generally fit as regards bodily health and temperament for the duties of a hackney carriage or private hire driver?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Is there any abnormality present that is not included in the above questions?	
11. Does the applicant meet Group 2 medical standards as prescribed in 'medical Aspects of Fitness to Drive' published by the 'Medical Commission on Accident Prevention'?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Do you consider further examination necessary? If so, in what period of time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Does the applicant have Diabetes? <i>If yes please specify</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### CERTIFICATE

I hereby certify that I have today examined the above named applicant and that, to the best of my knowledge and belief the answers to the foregoing questions are true and correct. In my judgement, this applicant is FIT/UNFIT to act as the driver of a Hackney Carriage / Private Hire vehicle.

G.P. Name (please print) .....

Practice Stamp

Doctor's signature ..... Date of examination .....



**Medical History Form**

**Hackney Carriage/Private Hire Driver's Licence**

Applicants for a Hackney Carriage/Private Hire Driver's Licences are required to submit a Report of Medical Examination which can be obtained by any GP. To ensure that accurate information has been given we also ask that the applicant have their own registered GP complete this form.

<b>Forename:</b>	<b>Surname</b>
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<b>Address of Applicant:</b>
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<b>Date of Birth:</b>	<b>Age:</b>
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Has the patient had:	Yes/No	Comments
Any heart conditions:		
Any epileptic attacks:		
Stroke:		
Loss of consciousness:		
Loss of sight in one eye:		
Cataract:		
Double or Tunnel Vision:		
Drink Problems:		
Drug Related Problems:		

Has the patient been treated for:

Angina:		
Mental Disorder:		
Nervous Disorder:		
Diabetes with Insulin injections:		

G.P Name (please print) .....

Practice Stamp

Doctor's signature ..... Date of examination .....