

West Northamptonshire Council (Daventry Area)

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MEDICAL REPORT - IN CONFIDENCE

MEDICAL REPORT ON AN APPLICANT FOR A LICENCE TO DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE

This Medical Report is based on the DVLA's Group 2 standard. Whilst the DVLA does not issue Hackney Carriage and Private Hire drivers licences, in common with many local authorities the West Northamptonshire Council (Daventry Area) has adopted the Group 2 standard for the purpose of determining the issue of Hackney Carriage and Private Hire Driver's licences.

Providing the applicant maintains a current Hackney Carriage/Private Hire Driver's Licence further medical certificates will be required at the age of 50 years. A medical will then be required at 3 yearly intervals and when over the age of 60 years with every application.

A. WHAT YOU HAVE TO DO

1. **BEFORE** consulting your Doctor please read the notes at **Section C, paragraphs 1, 2 and 3. If you have any of these conditions you will NOT be granted a hackney carriage or private hire drivers licence.**
2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your Doctor/Optician **BEFORE** you arrange for this medical form to be completed. The Doctor will normally charge you for completing it. In the event of your application being refused, the fee you pay the Doctor is **NOT** refundable. West Northamptonshire Council has **NO** responsibility for the fee payable to the Doctor.
3. Fill in **Section 8 AND Section 9** of this report in the presence of the Doctor carrying out the examination.
4. West Northamptonshire Council will not normally accept a medical report which is more than 4 months old.
5. **Please remove pages 1 and 2 before sending in the form with your application and check that all sections have been completed fully.**

B. WHAT THE DOCTOR HAS TO DO

1. **Please arrange for the patient to be seen and examined.**
2. Please complete sections 1-7 and 10 of this report. You may find it helpful to consult the DVLA's "At a Glance" booklet.
3. Applicants who may be symptom free at the time of the examination should be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold any type of driving licence, they must inform the Drivers Medical Group, DVLA, Longview Road Swansea. SA99 1YU.
4. Please ensure that you have completed all the sections including consultant/specialist details where appropriate and your surgery/practice stamp.
5. **Every effort should be made to establish medical history when completing this form. If this report does not reveal important clinical details with respect to driving, please give details in Section 7.**

C. MEDICAL STANDARDS

The Council considers medical standards for drivers of Hackney Carriages and Private Hire Vehicles should be higher than those required for car drivers. The following conditions are a bar to the holding of a hackney carriage or private hire licence.

1. EPILEPSY OR LIABILITY TO EPILEPTIC ATTACKS

A diagnosis of epilepsy or spontaneous epileptic attack(s) requires 10 years free of further epileptic attack without taking anti-epilepsy medication during that 10 year period. For conditions that cause an increased liability to epileptic attacks, the risk of attacks must fall to that of the general population. DVLA must refuse or revoke the licence if these conditions cannot be met.

2. DIABETES

Drivers with insulin treated diabetes may NOT obtain a licence for categories UNLESS they held a Hackney Carriage/Private Hire Driver licence valid on 1st April 1991 and the Council had knowledge of the insulin treatment before 1st January 1991. If you have any condition other than insulin treated diabetes the doctor should be able to advise you if you meet the relevant higher medical standards. Please refer to the section "other medical conditions" on this form. If you suffer with any of the listed conditions you may wish to contact the Council to confirm your eligibility before proceeding with the application.

3. EYESIGHT

All applicants, for any category of vehicle, must be able to read in good light with glasses or corrective lenses if necessary, a number plate at 20.5 metres (67 feet) or 20 metres (65 feet), where narrower characters are displayed (50mm wide). The characters displayed on all new and replacement number plates manufactured from September 2001 are 50mm in width instead of 57mm.

In addition:

(i) applicants must have:

- **A visual acuity of at least 6/9 in the better eye; and**
- **A visual acuity of at least 6/12 in the worse eye; and**
- **If these are achieved by correction the uncorrected visual acuity in each eye must be no less than 3/60.**

An applicant who held a licence before 1st January 1997 and who has an uncorrected acuity of less than 3/60 in only one eye **may** be able to meet the required standard and should check with Drivers Medical Group, DVLA, Swansea SA99 1TU, or telephone 01792 783686, about the requirement.

An applicant who has held a hackney carriage/private hire driver licence before 1st March 1992 but who does not meet the standard in (i) above may still qualify for a licence. Information about the standard and other requirements can be obtained from Drivers Medical Group, (address as above).

Normal Binocular Field

The 2nd E.C. Directive requires a normal binocular field of vision for Group 2 drivers.

Monocular Vision

Drivers who have monocular vision will not be granted a hackney carriage/private hire driver licence.

Uncontrolled Symptoms of Double Vision

Uncontrolled symptoms of double vision precludes licensing. As monocular vision is a bar, the treatment of double vision with a patch is not acceptable for Group 2 driving.

An applicant who is in doubt about the required eyesight standard should check with Drivers Medical Group, DVLA, Longview Road, Swansea SA99 1TU or telephone 0870 241 1879.

An applicant (or existing licence holder) failing to meet epilepsy, diabetes or eyesight regulations will be refused.

4. OTHER MEDICAL CONDITIONS

In addition to those medical conditions covered by law, applicants (or licence holders) are likely to be refused if they are unable to meet the recommended guidelines in the following situations:-

- Within 6 weeks of: myocardial infarction, an episode of unstable angina, CABG or coronary angioplasty.
- Angina, heart failure or cardiac arrhythmia, which remain uncontrolled.
- Implanted cardiac defibrillator.
- Hypertension where the blood pressure is persistently 180 systolic or more and/or 100 diastolic or more
- A stroke or TIA within the last 12 months
- Unexplained loss of consciousness with liability to recurrence.
- Meniere's, or any other sudden and disabling vertigo within the past 1 year, with a liability to recurrence.
- Insuperable difficulty in communicating by telephone in an emergency.
- Major brain surgery and/or recent severe head injury with serious continuing after effects.
- Parkinson's disease, multiple sclerosis or other chronic neurological disorders with symptoms likely to affect safe driving.
- Psychotic illness, within the past 3 years.
- Serious psychiatric illness.
- If major psychotropic or neuroleptic medication is being taken.
- Alcohol and/or drug misuse within the past 1 year or alcohol and/or drug dependency in the past 3 years.
- Dementia.
- Any malignant condition, within the last 2 years, with a significant liability to metastasise to the brain.
- Any other serious medical condition likely to affect the safe driving of a medium/large goods or passenger carrying vehicle.

5. Tiredness: Sleep Disorders

Up to one fifth of accidents on motorways and other monotonous roads may be caused by drivers falling asleep at the wheel.

Many accidents are attributed to "driver inattention" but once vehicle faults, traffic offences, poor road or weather conditions, alcohol and specific medical causes are excluded, closer inspection suggests driver sleepiness may be the cause. Evidence for this includes the apparent failure to respond to traffic and road conditions generally and, in particular, the absence of signs of emergency braking.

Driver sleepiness may be caused by modern life styles preventing adequate rest. It may be made worse by shift working combined with the monotonous nature of certain types of driving. Alertness fluctuates naturally throughout the day. Driving between 2am and 7am increases the risk of a sleep related accident. Most people also tend to be less alert during the mid-afternoon or after a heavy meal. All drivers need to address those problems responsibly.

However, some medical conditions may cause excessive sleepiness. These will greatly increase any normal tendency to sleepiness.

The commonest medical cause is **OBSTRUCTIVE SLEEP APNOEA SYNDROME (OSA)**. This condition occurs most commonly, but not exclusively, in overweight individuals, particularly those with a large collar size. Partners often complain about the snoring and notice that sufferers seem to have irregular breathing during sleep. Sufferers of OSA rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing.

OSA is one of the few medical conditions that has been shown to increase significantly the risk of traffic accidents. However, once diagnosed, there is very effective treatment available, normally through specialist centres. The greatest danger prior to diagnosis, when the significance of the symptoms is not appreciated. A road traffic accident may be the first clear indication of the condition. All drivers, especially professional drivers, and doctors need to be much more aware of the risks of sleepiness from this treatable cause.

SLEEPINESS CAN KILL: STAY ALERT

MEDICAL EXAMINATION
To be completed by the Doctor (please use black ink)
Please answer all questions

Please give patient's weight kg/st and Height ft/cms

Please give details of smoking habits, if any

Please give number of alcohol units taken each week

SECTION 1 Vision (Please see EYESIGHT NOTES on page 2 and 3)

Date when first licensed to drive

1. 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). Yes No
2. Do corrective lenses have to be worn to achieve this standard? Yes No
 if **YES**, is the;-
 - (a) (a) uncorrected acuity at least 3/60 in the right eye? Yes No
 - (b) (b) is the uncorrected acuity at least 3/60 in the left eye? (3/60 being the ability to read the 60 line of the Snellen chart at 3 metres) Yes No
 - (c) in the correction well tolerated? Yes No
3. Please state all the visual acuities of each eye in terms of the 6m Snellen chart.
 Please convert any 3 metre readings to the 6 metre equivalent.

	Uncorrected		Corrected (if applicable)	
Right <input type="text"/>	Left <input type="text"/>	Right <input type="text"/>	Left <input type="text"/>	

4. **Is there a defect in his/her binocular field of vision? (central and peripheral)** Yes No
5. Is there diplopia? (controlled or uncontrolled) Yes No
6. Does the applicant have any other ophthalmic condition? Yes No
 If **YES** to 4, 5 or 6, please give details in **Section 7** and enclose any relevant visual field charts or hospital letters

SECTION 2 Nervous System

1. Has the applicant had any form of epileptic attack Yes No
 - (a) if **YES**, please give date of last attack
 - (b) if treated, please give date when treatment ceased

- | | | | |
|----|--|-----|----|
| 2. | Is there a history of blackout or impaired consciousness within the last 5 years?
(If YES please give dates and details in SECTION 7) | Yes | No |
| 3. | Does the applicant suffer from narcolepsy/cataplexy?
(If YES please give dates and details in SECTION 7) | Yes | No |
| 4. | Is there a history of, or evidence of any of the conditions listed at a-h below?
If NO, go to Section 3
If YES, please answer the following and, where necessary, give dates and full details at Section 7 | Yes | No |
| | a. Stroke/TIA <i>please delete as appropriate</i> | Yes | No |
| | b. Sudden and disabling dizziness/vertigo within the last 1 year with a liability to recur | Yes | No |
| | c. Subarachnoid haemorrhage | Yes | No |
| | d. Serious head injury within the last 10 years | Yes | No |
| | e. Brain tumour, either benign or malignant, primary or secondary | Yes | No |
| | f. Other brain surgery | Yes | No |
| | g. Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis | Yes | No |
| | h. Dementia or cognitive impairment | Yes | No |

SECTION 3 Diabetes Mellitus

- | | | | |
|----|--|-----|----|
| 1. | Does the applicant have diabetes mellitus?
If NO please proceed to SECTION 4
If YES please answer the following questions | Yes | No |
| 2. | Is the diabetes managed by:-
(a) Insulin?
(b) If YES , date started on insulin
(c) Oral hypoglycaemic agents and diet?
(d) Diet only? | Yes | No |
| 3. | Does the patient test blood glucose at least twice every day? | Yes | No |
| 4. | Is there evidence of:-
(a) Loss of visual field?
(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?
(c) Diminished/Absent awareness of hypoglycaemia? | Yes | No |
| 5. | Has there been laser treatment for retinopathy?
If YES , please give date(s) of treatment | Yes | No |
| | <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div> | | |
| 6. | Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party? | | |

IF YES TO ANY 4-6 ABOVE GIVE DETAILS IN SECTION 7

SECTION 4 Psychiatric Illness

Is there a history of, or evidence of any of the conditions listed at 1-6 below? Yes No

If **NO**, please go to **Section 5**

If **YES** please answer the following and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in **Section 7**.

NB. If applicant remains under specialist clinic(s) ensure details are completed at Section 1.

- | | | |
|--|-----|----|
| 1. Significant psychiatric disorder within the past 6 months e.g. depression | Yes | No |
| 2. A psychotic illness within the past 3 years e.g. schizophrenia | Yes | No |
| 3. Persistent alcohol misuse in the past 12 months | Yes | No |
| 4. Alcohol dependency in the past 3 years | Yes | No |
| 5. Persistent drug misuse in the past 12 months | Yes | No |
| 6. Drug dependency in the past 3 years | Yes | No |

SECTION 5 Cardiac

Please follow the instructions in all Sections (5A-5G) giving details as required at **Section 7**.

NB. If applicant remains under specialist cardiac clinic(s) ensure details are completed on page 5.

5A. Coronary Artery Disease

Is there a history of, or evidence of, coronary artery disease?

If **NO**, proceed to **Section 5B**

If **YES** please answer all questions below and give details at **Section 7** of the form

- | | | |
|--|-----|----|
| 1. Myocardial Infarction?
(If YES , please give dates) <input type="text"/> | Yes | No |
| 2. Coronary artery by-pass graft?
(If YES , please give dates) <input type="text"/> | Yes | No |
| 3. Coronary Angioplasty (with or without stent)?
(If YES , please give dates) <input type="text"/> | Yes | No |
| 4. Has the applicant suffered from Angina?
(If YES , please give the date of the last attack) <input type="text"/> | Yes | No |

Please proceed to next **Section 5B**

5B Cardiac Arrhythmia

Is there a history of, or evidence of cardiac arrhythmia? Yes No

If **NO**, proceed to **Section 5C**

If **YES**, please answer all questions below and give details at **Section 7** of the form

- | | | |
|---|-----|----|
| 1. Has the applicant had a significant documented disturbance of cardiac rhythm
Within the past 5 years? | Yes | No |
| 2. Has the arrhythmia been controlled satisfactorily for at least 3 months? | Yes | No |
| 3. Has a cardiac defibrillator device been implanted | Yes | No |
| 4. Has a pacemaker been implanted? | Yes | No |
| If YES:- | | |
| (a) Has the pacemaker been implanted for at least 6 weeks? | Yes | No |
| (b) Since implantation, is the patient now symptom free from this condition? | Yes | No |
| (c) Does the applicant attend a pacemaker clinic regularly? | Yes | No |

Please proceed to next Section 5C

5C. Peripheral Arterial Disease

- | | | |
|--|-----|----|
| 1. Is there a history or evidence of, ANY of the following | Yes | No |
|--|-----|----|

If **YES** please **answer questions** below, and give details at **Section 7**

PERIPHERAL ARTERIAL DISEASE	Yes	No
------------------------------------	-----	----

AORTIC ANEURYSM, IF YES:

- | | | |
|--|-----|----|
| (a) Site of aneurysm: Abdominal í Thoracic í | | |
| (b) Has it been repaired successfully | Yes | No |
| (c) Is the transverse diameter more than 5cms: | Yes | No |

DISSECTION OF THE AORTA, IF YES:

Has it been repaired successfully	Yes	No
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Please proceed to next Section 5D

5D Valvular/Congenital Heart Disease

Is there a history of, or evidence of valvular/congenital heart disease?	Yes	No
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If **NO**, proceed to **Section 5E**

If **YES** please answer all questions below and give details at **Section 7** of the form.

- | | | |
|--|-----|----|
| 1. Is there a history of congenital heart disorder? | Yes | No |
| 2. Is there a history of heart valve disease? | Yes | No |
| 3. Is there a history of embolism (not pulmonary embolism) | Yes | No |
| 4. Dose the applicant currently have significant symptoms? | Yes | No |
| 5. Has there been any progression since the last licence application?
(if relevant) | Yes | No |

Please proceed to next section 5E

5E Cardiomyopathy

Does the applicant have a history of ANY of the following conditions?

- | | | |
|--|-----|----|
| 1. A history of, or evidence of heart failure? | Yes | No |
| 2. Established cardiomyopathy? | Yes | No |
| 3. A heart or heart/lung transplant | Yes | No |

**If YES to any part of the above, please give full details in Section 7 of the form.
If no, proceed to next section 5F**

5F Cardiac Investigations

THIS SECTION MUST BE COMPLETED FOR ALL APPLICANTS.

- | | | |
|--|-----|----|
| 1. Has a resting ECG been undertaken? | Yes | No |
| If YES , does it show:- | | |
| (a) pathological Q waves | Yes | No |
| (b) left bundle branch block | Yes | No |
| 2. Has an exercise ECG been undertaken (or planned)? | Yes | No |
| If YES , please give date and details in Section 7
Sight/copy of the exercise test result/report (if done in the last 3 years would be useful | | |
| 3. Has an echocardiogram been undertaken (or planned)? | Yes | No |
| If YES , please give date and details in Section 7
Sight/copy of the exercise test result/report would be useful | | |
| 4. Has a coronary angiogram been undertaken (or planned)? | Yes | No |
| If YES , please give date and details in Section 7
Sight/copy of the angiogram result/report would be useful | | |
| 5. Has a 24 hour ECG tape been undertaken (or planned)? | Yes | No |
| If YES , please give date and details in Section 7
Sight/copy of the 24 hours tape result/report would be useful | | |
| 6. Has a myocardial perfusion imaging scan been undertaken (or planned)? | Yes | No |
| If YES , please give date and details in Section 7
Sight/copy of the scan result/report would be useful | | |

5G Blood Pressure

THIS SECTION MUST BE COMPLETED FOR ALL APPLICANTS

- | | | |
|---|-----|----|
| 1. Is today's systolic pressure greater than 180? | Yes | No |
| 2. Is today's diastolic pressure greater than 100? | Yes | No |
| 3. Is the applicant on anti-hypertensive treatment? | Yes | No |

If **YES**, to any of the above, please supply today's reading

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6 General

- | | | |
|--|-----|----|
| 1. Is there currently a disability of the spine or limbs, likely to impair control of the vehicle | Yes | No |
| 2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma with a significant liability to metastasise cerebrally: | Yes | No |

If YES, please give dates and diagnosis and state whether there is current evidence of dissemination

- | | | |
|--------------------------------------|-----|----|
| 3. Is the applicant profoundly deaf? | Yes | No |
|--------------------------------------|-----|----|

If **YES**

Is he/she able to communicate in the event of any emergency by speech or by using a device, e.g. a MINICOM/text phone?

- | | |
|-----|----|
| Yes | No |
|-----|----|

- | | | |
|---|-----|----|
| 4. Is there a history of either renal or hepatic failure? | Yes | No |
|---|-----|----|

- | | | |
|---|-----|----|
| 5. Does the applicant have sleep apnoea syndrome? | Yes | No |
|---|-----|----|

If **YES**, has it been controlled successfully

Yes	No
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- | | | |
|---|-----|----|
| 6. Is there any other Medical Condition, causing excessive daytime sleepiness | Yes | No |
|---|-----|----|

If **YES**, please give details below:

- 7. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? Yes No
- 8. Does any medication currently taken cause the applicant side effects which impair his/her safe driving? Yes No

Please remember to complete Section 7 if you have answered YES to any question

APPLICANTS NAME

DOB

Section 7

Please use this section for any additional information

Applicant's Name

DOB

Section 8 APPLICANT'S CONSENT AND DECLARATION

Consent and Declaration

This section **MUST** be completed and must **NOT** be altered in any way.

Please sign statements below

I authorise my Doctor(s) and Specialist(s) to release reports to the West Northamptonshire Council (Daventry Area).

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

Signature

Date

**Applicant's Details
to be completed in the presence of the
Medical Practitioner carrying out the examination**

**PLEASE MAKE SURE THAT YOU HAVE PRINTED YOUR NAME AND DATE OF BIRTH
WHERE REQUIRED BEFORE SENDING THIS FORM WITH YOUR APPLICATION**

SECTION 9

Your Name
Your Address

Date of Birth
Home Phone No
Work/Daytime No

About your GP/Group Practice

GP/Group Name
Address
Telephone No.

SECTION 10

**Medical Practitioner Details
to be completed by Doctor carrying out the examination**

***This person (is / is not) fit to be a taxi driver**

Please delete (above) where appropriate, to confirm if the person in your opinion is fit, or not, to be a licenced driver

Surgery Stamp

Name
Address

**Signature of Medical
Practitioner**

Date