

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976 PART II
HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS**

SECTION 1

**MEDICAL CERTIFICATE
GUIDANCE FOR APPLICANTS AND MEDICAL PRACTITIONERS**

Notes:

1. For the **APPLICANT**

In order to satisfy the Council as to their physical fitness to act as the driver of either a Hackney Carriage or Private Hire Vehicle, applicants must meet the medical standards applied by the DVLA in relation to Group 2 licence holders.

Medical examinations conducted by a Registered Medical Practitioner are required:

- On the first application for a licence
- On every renewal of the licence
- On reaching the age of 65 and thereafter annually
- At any other time as may be requested by the Local Authority

The medical certificate cannot be issued free of charge as part of the National Health Service. The applicant must pay the medical practitioner's fee, unless other arrangements have been made. The Council as Licensing Authority accepts no liability to pay it. If you seek a medical prior to the return of a satisfactory police check, the Council will not be held responsible for the medical fees paid in the case of an aborted driving licence application.

2. For the **MEDICAL PRACTITIONER**

- (a) When completing this medical certificate, please have regard to the booklet 'Medical Aspects of Fitness to Drive', published by the Medical Commission for Accident Prevention or to the Notes for Guidance of Doctors conducting those examinations prepared by the British Medical Association.
- (b) Use the right hand margin if you want to add anything or write 'see note attached' and use a separate sheet of paper.

South Cambridgeshire District Council recommends that Hackney Carriage. Private Hire licence holders meet the same medical standards as required to hold a Group 2 Licence, namely a Large Goods Vehicle (LGV) or Passenger Conforming Vehicle (PCV) Licence.

The standards are higher than those required for car drivers in general. The following conditions are a bar to the issue of a Hackney Carriage/ Private Hire licence.

1. **Epilepsy attacks** – Applicants must NOT 'have a liability to epileptic seizures'.
2. **Insulin Treated Diabetes** - Insulin treated diabetics being applicants for a Hackney Carriage or Private Hire Vehicles Driver's Licence will be required to:
EITHER

- (a) hold a DVLA C1 category GROUP 2 licence (i.e. one issued after 1 January 1998);
OR
(b) satisfy the Licensing Authority that he/she meets the medical requirements which would allow a C1 Group 2 Licence to be issued

3. **Eyesight** – All drivers, for whatever category of vehicle, must be able to read in good daylight a number plate at 20.5 metres (67 feet), and, if glasses or contact lenses are required to do so, these must be worn while driving. In addition:

- (i) Applicants who have not held a goods vehicle or bus licence before must by law have both
- A visual acuity of at least 6/9 in the better eye; and
 - A visual acuity of at least 6/12 in the other eye
- and**
- If these are achieved by correction the uncorrected visual acuity in both eyes must be no less than 3/60. A driver who has an uncorrected acuity of less than 3/60 in only one eye may be able to meet the required standard and should obtain written approval from Driver's Medical Unit, DVLA, Swansea, SA99 1TU or telephone 017792 783686 about the requirements
- (ii) An applicant or licence holder who has held an LGV/PCV (formerly LGV/PSV licence before 1/3/92 but which does not meet the standard in (i) above **may** still qualify for a licence. Information about the standard for such an applicant can be obtained from Drivers Medical Unit, DVLA Swansea, SA99 1TU.

An applicant or licence holder failing to meet the epilepsy, diabetes or eyesight regulations must not be certified as medically fit to drive a hackney carriage or private hire vehicle.

4. **In addition to those medical conditions detailed above, applicants or licence holders should not be certified as fit to drive a hackney carriage or private hire vehicle if they have been diagnosed with any of the following.**

- within 3 months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty
- a significant disturbance of cardiac rhythm occurring within the past 5 years unless special criteria are met.
- Hypertension where the BP is persistently 180 systolic or over and/or 100 diastolic or over.
- A stroke, TIA or unexplained loss of consciousness within the last 5 years
- Meniere's and other conditions causing disabling vertigo, within the past 1 year
- Recent severe head injury with serious continuing after effects, or major brain surgery
- Parkinson's disease, multiple sclerosis or other 'chronic' neurological disorders likely to affect limb power and co-ordination
- Being treated for or suffering from a psychotic or schizophrenic illness in the past 3 years, or suffering from dementia
- Alcohol dependency or misuse, or illicit drug or substance dependency or use in the past 3 years
- Insuperable difficulty in communicating by telephone in an emergency
- Insuperable diplopia, or defect in the binocular field of vision
- Any other serious medical condition which may cause problems for road safety

SECTION 2

MEDICAL EXAMINATION
To be completed by the Doctor

Please answer all questions

Patients Name –

Height (Centimetres) –

Details of smoking habits (if any) –

Number of alcohol units taken each week (if any) –

QUESTION 1: Vision (please see Eyesight Notes)

Yes No

(a) Is the visual acuity as measured by the full size 6m Snellen Chart
AT LEAST 6/9
in the better eye and AT LEAST 6/12 in the other?
(corrective lenses may be worn) () ()

(b) If corrective lenses have to be worn to achieve this standard

(i) Is the **UNCORRECTED** acuity **AT LEAST** 3/60 in the **RIGHT** eye? () ()

(ii) Is the **UNCORRECTED** acuity **AT LEAST** 3/60 in the **LEFT** eye? () ()

(3/60 being the ability to read the 6/ 60 line of the Snellen Chart at 3 metres)

(c) Please state all the visual acuities for all applicants:

UNCORRECTED Right **CORRECTED** Right
(if applicable)
Left..... Left.....

(d) If there is no perception of light in one eye, on what date did the applicant become monocular or lose sight in one eye?

.....

(e) Is there a full binocular field of vision? (central and/or peripheral) () ()

(f) Is there uncontrolled diplopia () ()

QUESTION 2 : Nervous System

Yes No

(a) Has the applicant had any form of epileptic seizure(s)? () ()

(i) Please give date of last seizure.....

(ii) Has patient had more than one seizure

(ii) Is the patient currently on anti-epilepsy medication

(iii) Please give date when treatment ceased.....

- (b) Is there a history of blackout or impaired consciousness within the past 5 years? () ()
- (c) Is there a history of stroke or TIA within the past 5 years? () ()
- (d) Is there a history of sudden disabling dizziness/vertigo within the last year? () ()
- e) Is there a history of chronic and/or progressive neurological disorder? If YES please give details in Section 3 () ()
- Yes No**
- (f) Is there a history of brain surgery? If YES please give details in Section 3 () ()
- (g) Is there a history of serious head injury? If YES please give details in Section 3 () ()
- (h) Is there a history of brain tumour, either benign or malignant, primary or secondary? If YES please give details in Section 3 () ()

QUESTION 3: Diabetes Mellitus

- Yes No**
- (a) Does the applicant have diabetes mellitus? () ()
If **YES**, please answer the following questions
If **NO**, proceed to **QUESTION 4**
- (b) Is the diabetes managed by:
- (i) Insulin? () ()
If YES, date started on insulin.....
- (ii) Oral hypoglycaemic agents and diet () ()
- (iii) Diet only? (if yes please please fill in current medication on the section at the rear of this form) () ()
- (c) Is the diabetic control generally satisfactorily controlled ? () ()
- (d) Is there evidence of:
- (i) Loss of visual field? () ()
- (ii) Has there been laser treatment for retinopathy or intra vitreal treatment for retinopathy
If YES' please give date..... () ()
- (iii) Severe peripheral neuropathy? () ()
- (iv) Significant impairment of limb function or joint position sense? () ()
- v) Significant episodes of hypoglycaemia? () ()

(vi) Complete loss of warning symptoms of hypoglycaemia? () ()

QUESTION 4 Psychiatric Illness

(a) Has the applicant suffered from or required treatment for a psychosis in the past 3 years? () ()
If YES please give details in Section 3

(b) Has the applicant required treatment for any other psychiatric disorder? () ()
If YES please give details in Section 3

(c) Is there confirmed evidence of dementia? () ()

Yes No

(d) (i) Is there a history of alcohol misuse or alcohol dependency in the past 3 years? () ()

(ii) Is there a history of illicit drug or substance use or dependency in the past 3 years? () ()
If YES to (i) or (ii) please give details in Section 3

QUESTION 5: General

(a) Has the applicant currently a significant disability of the spine or limbs which is likely to impair control of the vehicle? () ()
If YES please give details in Section 3

(b) Is there a history of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally? () ()

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

.....
.....

(c) Is the applicant profoundly deaf? () ()

QUESTION 6: Cardiac

A Coronary Artery Disease Yes No

Is there a history of:

(i) Acute Myocardial Infarction? () ()
If YES please give date(s)

(ii) Coronary artery by-pass graft? () ()
If YES please give date(s)

- (iii) Coronary Angioplasty? () ()
If YES please give date(s)
- (iv) Any other coronary artery procedure? () ()
If YES please give details in Section 3
- (v) Has the applicant suffered from Angina? () ()
- (vi) Is the applicant STILL suffering from Angina or only remains Angina free by the use of medication? () ()
- (vii) Has the applicant suffered from Heart Failure? () ()
- (viii) Is the applicant STILL suffering from Heart Failure or only remains controlled by medication? () ()
- (ix) If a resting ECG has been undertaken please give date
- Yes No**
- (x) Does it show pathological Q waves? () ()
- (xi) Does it show Left Bundle branch block? () ()
- (xii) Has an exercise ECG been undertaken or planned () ()
If YES please give date(s)
- (xiii) Has an angiogram been undertaken? () ()
If YES please give details in Section 3

B Cardiac Arrhythmia

Yes No

- (i) Has the applicant had a significant documented disturbance of cardiac rhythm in the past 5 years? () ()
If YES please give details in Section 3
- (ii) Has the arrhythmia (or its medication) caused symptoms of sudden dizziness or impairment of consciousness or any symptom likely to distract attention during driving within the past 2 years () ()
- (iii) Has Echocardiography been undertaken? () ()
If YES please give details in Section 3
- Yes No**
- (iv) Has an exercise test been undertaken? () ()
If YES please give details in Section 3
- (v) Has a PACEMAKER been implanted? () ()
- (vi) If YES, was it implanted to prevent Bradycardia () ()

- (vii) Is the applicant now free of sudden and/or disabling symptoms? () ()
- (viii) Does the applicant attend a pacemaker clinic regularly? () ()

C Other Vascular Disorders **Yes No**

- (i) Is there a history of Aortic Aneurysm with a transverse diameter of 5cm or more? (Thoracic or abdominal) () ()
- (ii) If YES, has the aneurysm been successfully repaired? () ()
- (iii) Is there symptomatic peripheral arterial disease? () ()
- (iv) Has there been dissection of the Aorta? () ()

D Blood Pressure **Yes No**

- (i) Is there a history of hypertension with BP readings consistently greater than 180 systolic or 100 diastolic?
If YES please supply most recent readings with dates
.....
- (ii) If treated does the medication cause any side effects likely to affect safe driving? () ()

E Valvular Heart Disease **Yes No**

- (i) Is there any history of valvular heart disease (with or without surgery)? () ()
- (ii) Is there any history of embolism? () ()
- (iii) Is there any history of arrhythmia – intermittent or persistent () ()
- (iv) Is there persistent dilation or hypertrophy of either ventricle
If YES please give details in Section 3 () ()

F Cardiomyopathy **Yes No**

- (i) Is there established cardiomyopathy? () ()
- (ii) Has there been a heart or heart/lung transplant?
If YES please give details in Section 3 () ()

G Congenital Heart Disorders **Yes No**

- (i) Is there a congenital heart disorder? () ()

- (ii) If YES, is it **currently** regarded as minor? () ()
- (iii) Is the patient in the care of a Specialist Clinic? () ()
If YES please give details in Section 3

SECTION 3

Please provide as much information as possible about any aspect of the applicant's medical condition or history that may adversely affect his/her ability to hold a hackney carriage/private hire drivers licence.

MEDICAL PRACTITIONER DETAILS

To be completed by Doctor carrying out the examination

SECTION 4

Name.....

Surgery Stamp

Address.....

.....

.....

I have today examined the applicant who has signed this form in my presence and **who is / is not** registered as a patient at my practice.

I certify that the applicant is in my opinion **fit/unfit** to drive a hackney carriage or private hire vehicle.

Signature of Medical Practitioner

Date:

.....

APPLICANT'S DETAILS

To be completed in the presence of the Medical Practitioner carrying out the examination

SECTION 5

Your Name..... Date of Birth.....

Your Address.....

.....

.....

Date when first licensed to drive a Hackney Carriage/ Private Hire Vehicle (if applicable)

.....

Date last seen:.....

About your GP/ Group Practice:

GP Name.....

Address.....

.....Phone.....

About your Consultant/ Specialist:

Name.....

Address.....

.....Phone.....

DECLARATION AND AUTHORISATION

to be completed by applicant

(If you have knowingly given false information in this examination you may be liable to prosecution)

Consent and Declaration

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

Please sign statement below

I authorise my Doctor(s) and Specialist(s) to release reports to South Cambridgeshire District Council’s Licensing Officer about my medical condition.

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

Signature.....

Date.....

All forms to be returned to:-

Licensing section
South Cambridgeshire District Council
Cambourne Business Park
Cambourne
Cambridgeshire
CB23 6EA

