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MEDICAL IN CONFIDENCE for MAIDSTONE BOROUGH COUNCIL

MEDICAL REPORT ON AN APPLICANT FOR A HACKNEY CARRIAGE OR A PRIVATE HIRE DRIVER'S LICENCE

This application form must be completed by a registered Medical Practitioner only

The details asked for below are in accordance with the criteria set out in the DVLA's latest guide of Medical Aspects of Fitness for LGV or PVC drivers.

ABOUT YOU			
Surname		Forename (s)	
Any previous or other name			
Current home address:	_____ _____ _____ _____		
Post code:	_____		
Home telephone number:		Mobile telephone number:	
Work/daytime telephone number:			

ABOUT YOUR GP/GROUP PRACTICE			
ABOUT YOUR CONSULTANT/SPECIALIST (if applicable)			
GP / Group name:	...	Consultant's name:	
Address:		Address:	
Telephone number:		Telephone number:	
Date last seen:			
Did you hold an HGV licence valid at 1 January 1983?			
<input type="checkbox"/>		Yes	<input type="checkbox"/> No
Did you hold a PSV licence valid at 1 January 1983?			

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever held a Hackney Carriage or Private Hire Driver's licence before?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SECTION 1		
Eyesight		
A) 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?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B) If corrective lenses have to be worn to achieve this standard		
(1) Is the UNCORRECTED acuity at least 3/60 in the left eye?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(2) Is the UNCORRECTED acuity at least 3/60 in the right eye?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(3/60 being the ability to read the top line of the Snellen Chart at 6 metres)		
C) Please state all the visual acuities for all applicants measured.		
	Uncorrected	Corrected (if applicable)
Left <input style="width: 50px; height: 20px;" type="text"/>	Right <input style="width: 50px; height: 20px;" type="text"/>	Left <input style="width: 50px; height: 20px;" type="text"/>
		Right <input style="width: 50px; height: 20px;" type="text"/>
D) If there is NO degree of vision whatsoever in one eye, on what date did the applicant become monocular or develop sight in one eye only? _____		
E) Is there documented evidence of a pathological field defect e.g. hemianopia, scotoma or quadrantanopia?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F) Is there full binocular field of vision on confrontation?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G) Is there uncontrolled diplopia?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SECTION 2		
Nervous System		
A) Has the applicant a 'liability to epileptic seizures'?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B) Does the applicant suffer from epilepsy?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C) Is there a history of a sudden and disabling episode or episodes of unexplained impaired consciousness within the past 5 years?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D) Is there a history of stroke, TIA or vertebrobasilar insufficiency within the past 5 years?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E) Is there a history of uncontrolled Meniere's disease or other causes of sudden disabling vertigo within the last 2 years?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F) Is there evidence with documented signs of neurological or cognitive impairment, of multiple sclerosis?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G) Is there Parkinson's Disease or other muscle or movement disorder likely to affect vehicle control?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H) Is there a history of brain surgery since the last licence was issued?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I) Is there a history or serious head injury associated with an intra-cerebral haematoma or compound depressed skull fracture since the licence was issued?		

Yes <input type="checkbox"/>		No <input type="checkbox"/>	
(Note: in the case of a first application for a licence please answer H or I above)			
J) Is there a history of brain tumour, either benign or malignant, primary or secondary?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
SECTION 3	Diabetes Mellitus		
A) Does the applicant have diabetes mellitus?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' please answer the following questions. If 'No' proceed to Section 4.			
B) Is the diabetes managed by:-			
i) Insulin?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' insert the date started on insulin _____			
ii) Oral hypoglycaemic agents and diet?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii) Diet only?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
C) Is the diabetic control generally satisfactory?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
D) Is there evidence of:-			
i) Loss of visual field		Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii) Severe peripheral neuropathy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii) Significant impairment of limb function or joint position sense?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
iv) Uncontrolled episodes of hypoglycaemia?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
v) Complete loss of warning symptoms of hypoglycaemia?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
SECTION 4	Psychiatric Illness		
A) Has the applicant suffered or required treatment for a psychotic illness in the past 3 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
B) Has the applicant required treatment for a psychoneurotic disorder with psychotropic medication within the past 6 months?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' i) Does the medication cause side effects likely to affect driving ability?			
ii) Is the condition stable of dementia?			
C) Is there confirmed evidence of dementia?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
D) In the past 3 years:-			
i) Is there a history of continued alcohol abuse or alcohol dependency?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii) Is there a history of illicit drug or substance use or dependency?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' to either i) or ii) please give dates/details of alcohol intake or type of illicit drugs, treatment and compliance with advice.			
SECTION 5	General		
A) Has the applicant a significant disability of the spine or limbs which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

B) Is there a history within the past 2 years of bronchogenic or other malignant tumour 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.

SECTION 6	Cardiac
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A) Coronary artery disease
 Is there a history, or evidence, of:

i) Angina pectoris or heart failure (whether or not maintained symptom free by use of medication)?
 Yes No ii)

ii) Myocardial infarction/any episode of unstable angina?
 Yes No

iii) Coronary artery by-pass graft (CABG)/coronary angioplasty?
 Yes No

If 'Yes' to I, ii or iii please give details/dates

iv) Has a resting EG been performed previously?
 Yes No

If 'Yes' did it show pathological Q waves present in 3 leads or more, or left bundle branch block?
 Date ECG performed _____
 (A sight of the ECG tracing would be most helpful).

Please note that an ECG does not need to be undertaken for the examination.

B) Other vascular disorders
 Is there a history, or evidence, of:

i) Aortic aneurysm, thoracic or abdominal, with a transverse diameter of 5 cm or more (whether or not it has been repaired)?

ii) Confirmed symptomatic peripheral arterial disease?

iii) Any other significant vascular disorder (i.e. Marfans)?

C) Cardiac arrhythmia and heart block
 Is there a history, or evidence, of:

i) Significant disturbance of cardiac rhythm within the past 5 years?
 Yes No

If 'Yes' please give details

ii) Pacemaker or cardioverter defibrillator insertion?
 Yes No

D) Blood pressure

i) Is the casual blood pressure reading (to the nearest 5mm mercury) greater than 200 systolic or over 110 diastolic or over?
 Yes No

ii) Is there a history, or evidence, of established hypertension, with BP readings consistently greater than 180 systolic or over, or 100 diastolic or over?
 Yes No

E) Acquired valvular heart disease
 Is there a history, or evidence, of acquired valvular heart disease, with or without valve replacement?
 Yes No

F) Other cardiac conditions
 Is there a history, or evidence, of established cardiomyopathy, heart or lung transplant, cardiac surgery other than above, or significant congenital heart disorder?
 Yes No

SECTION 7	Medical Practitioner Details (To be completed by Doctor carrying out the examination)

Stamp Name _____

Address _____

Telephone number: _____

Signature: _____ (of Medical Practitioner)

Date: _____

Declaration and Authorisation
(To be completed by applicant in presence of Doctor)

If you have knowingly given false information in this examination you are liable to prosecution.

Consent and Declaration. This section MUST be completed and MUST NOT be altered in any way.

Please sign the statement below:

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

If a medical condition is declared I authorise my Doctor(s) and Specialist(S) to release reports to the Secretary of State's Medical Advisor about my medical condition.

Signature: _____ **Date:** _____

Please remember to sign and date this form – MEDICAL IN CONFIDENCE

MEDICAL CERTIFICATE FOR MAIDSTONE BOROUGH COUNCIL APPLICANTS

This medical has been carried out in accordance with the standards set out in the “Medical Aspects of Fitness to Drive” which is the guide used by Medical Practitioners when examining drivers for LGV and PCV (Group II entitlement). This is the standard, which has been adopted by Maidstone Borough Council for all Hackney Carriage and Private Hire drivers.

Surname		Forename (s)	
Title			
Current home address:	_____ _____ _____		
Post code:	_____		
Date of birth:			
Signature:			

NOTES

This certificate is confidential and for use only by Maidstone Borough Council.

	Question	Response
1.	Using your professional judgement having medically examined the above applicant in accordance with the guide used for examining HGV and PSV drivers which has been adopted as the appropriate standard by Maidstone Borough Council, is he/she considered fit to carry out the duties of a Hackney Carriage or Private Hire driver? (If no, please give reasons).	
2.	If any further investigation or examination is required regarding the applicant's medical fitness, please indicate.	

I certify that I have today examined: _____

Signature of Registered Medical Practitioner: _____

Address: _____

Dated: _____