

# RUSHCLIFFE BOROUGH COUNCIL

## Local Government (Miscellaneous Provisions) Act 1976 Medical Report for a Hackney Carriage/Private Hire Vehicle Drivers Licence

PLEASE ENSURE YOU BRING PHOTOGRAPHIC PROOF OF YOUR IDENTITY SUCH AS A PASSPORT, DRIVING LICENCE, RESIDENCY CARD. ALSO DETAILS OF ANY MEDICATION YOU ARE PRESCRIBE OR TAKING, AND DETAILS OF ANY HOSPITAL TREATMENT WITHIN THE LAST FIVE (5) YEARS.

SECTION 1 APPLICANT DETAILS						
FIRST NAME(S)						
LAST NAME(S)						
DATE OF BIRTH	DD		MM		YYYY	
BADGE NUMBER	CD					
ADDRESS						
NAME/NUMBER						
STREET						
TOWN/CITY						
COUNTY				POST CODE		
SECTION 2 DOCTORS DETAILS						
Please give the name and address of the doctor (or group practice) that you have been registered with over the last 12 months.						
DOCTOR'S OR PRACTICE NAME						
ADDRESS						
STREET						
TOWN/CITY						
COUNTY				POST CODE		
SECTION 3 SIGNATURE						
TO BE SIGNED IN THE PRESENCE OF THE OCCUPATIONAL HEALTH PHYSICIAN						
SIGNED				DATE		
SECTION 4 TO BE COMPLETED BY THE OCCUPATIONAL HEALTH PHYSICIAN ONLY						
I certify that I have this day examined the applicant, who has signed this form in my presence and who in my opinion <b>MEETS</b> <input type="checkbox"/> <b>DOES NOT MEET</b> <input type="checkbox"/> the medical requirements of fitness specified for Group 2 Licences by the DVLA						
SIGNED				DATE		
PRINT NAME:						
PRACTICE STAMP:						
RECOMMENDED PERIOD OR DATE FOR NEXT MEDICAL						
YEARS/DATE						

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Please answer each of these questions by circling YES or NO.

<b>1</b>	<b>Medication</b>		
	Do you receive any prescribed medication?	YES	NO
	<i>If YES, please bring details of your medication to the consultation</i>		

<b>2</b>	<b>Hospital Treatment</b>		
	Have you been treated in hospital in the last five years?	YES	NO
	If YES, please bring details of your treatment to the consultation		

<b>3</b>	<b>Visual Problems</b>		
	Do you wear spectacles or contact lenses for driving?	YES	NO
	Do you have any other visual disorder? (such as glaucoma)	YES	NO

<b>4</b>	<b>Disease of the brain and nervous system</b>		
	Have you ever suffered from or been treated for the following condition(s)?		
	Stroke or TIA (Transient ischaemic attack)	YES	NO
	A serious head injury	YES	NO
	Brain surgery	YES	NO
	Epilepsy, Parkinson's Disease or Multiple Sclerosis	YES	NO

<b>5</b>	<b>Disease of the heart and circulation</b>		
	Have you ever suffered from or been treated for the following conditions?		
	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, born with a "hole in the heart")	YES	NO

<b>6</b>	<b>Sleep and breathing disorders</b>		
	Do you suffer with obstructive sleep apnoea?	YES	NO

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<b>7</b>	<b>Mobility</b>		
	Do you have any problems with arthritis, neck or back pain?	YES	NO
<b>8</b>	<b>Disability</b>		
	Are you registered as being disabled	YES	NO
<b>9</b>	<b>Psychiatric illnesses and dependency</b>		
	Have you ever received medical attention or other treatment for a psychiatric illness?	YES	NO
	Have you ever been dependent upon alcohol or drugs?	YES	NO
<b>10</b>	<b>Diabetes Mellitus ("Sugar Diabetes")</b>		
	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"/>		
<b>11</b>	<b>Hearing</b>		
	Do you have any impairment of hearing? (for example, do you wear a hearing aid?)	YES	NO
<b>12</b>	<b>DVLA</b>		
	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

**Declaration and consent:**

1. I confirm that the information I have provided is accurate, and that I have not withheld any material details relating to my health.
2. I understand that knowingly providing false information may render me liable to proceedings.
3. I authorise the doctor completing this report to provide to the Licensing Authority an opinion of my health in relation to the standards required to hold a Hackney Carriage/ Private Hire Vehicle licence.
4. I authorise the examining doctor to retain and store this information in a manner consistent with the Data Protection Act.

<b>Signed</b>		<b>Date</b>	
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