

RUSHCLIFFE BOROUGH COUNCIL

Local Government (Miscellaneous Provisions) Act 1976

Medical Report for a Hackney Carriage/Private Hire Vehicle Drivers Licence



Rushcliffe

A. THE APPLICANT

TITLE: MR/MRS/MISS/MS DATE OF BIRTH

SURNAME:

FORENAME(S)

ADDRESS

OCCUPATION

SIGNATURE OF APPLICANT.....
(to be signed in the presence of the Occupational Health Physician)

Please give the name and address of the doctor (or group practice) that you may have been registered with over the last 12 months

NAME

ADDRESS
(including
postcode)

B. TO BE COMPLETED BY THE OCCUPATIONAL HEALTH PHYSICIAN ONLY

Recommendation:

I certify that I have this day examined the applicant, who has signed this form in my presence and who in my opinion **MEETS / DOES NOT MEET** the medical requirements of fitness specified for Group 2 licences by the DVLA

Signature:
Occupational Health Physician

Recommended Date of Next Examination.....

7	Mobility		
	Do you have any problems with arthritis, neck or back pain?	YES	NO

8	Disability		
	Are you registered as being disabled	YES	NO

9	Psychiatric illnesses and dependency		
	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

10	Diabetes Mellitus ("Sugar Diabetes")		
	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"/>		

11	Hearing		
	Do you have any impairment of hearing? (for example, do you wear a hearing aid?)	YES	NO

12	DVLA		
	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.

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

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

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

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

4	Disease of the brain and nervous system		
	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

5	Disease of the heart and circulation		
	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

6	Sleep and breathing disorders		
	Do you suffer with obstructive sleep apnoea?	YES	NO