

# RUSHCLIFFE BOROUGH COUNCIL

Local Government (Miscellaneous Provisions) Act 1976



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

## 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	<b>Mobility</b>		
	Do you have any problems with arthritis, neck or back pain?		YES      NO
8	<b>Disability</b>		
	Are you registered as being disabled		YES      NO
9	<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
10	<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"/>		
11	<b>Hearing</b>		
	Do you have any impairment of hearing? (for example, do you wear a hearing aid?)		YES      NO
12	<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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Please answer each of these questions by circling YES or NO.

1	<b>Medication</b>	
	<b>Do you receive any prescribed medication?</b>	YES      NO
	<i>If YES, please bring details of your medication to the consultation</i>	
2	<b>Hospital Treatment</b>	
	<b>Have you been treated in hospital in the last five years?</b>	YES      NO
	<i>If YES, please bring details of your treatment to the consultation</i>	
3	<b>Visual Problems</b>	
	<b>Do you wear spectacles or contact lenses for driving?</b>	YES      NO
	<b>Do you have any other visual disorder? (such as glaucoma)</b>	YES      NO
4	<b>Disease of the brain and nervous system</b>	
	<b>Have you ever suffered from or been treated for the following condition(s)?</b>	
	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	<b>Disease of the heart and circulation</b>	
	<b>Have you ever suffered from or been treated for the following conditions?</b>	
	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	<b>Sleep and breathing disorders</b>	
	<b>Do you suffer with obstructive sleep apnoea?</b>	YES      NO