



NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

MEDICAL REPORT

MEDICAL IN CONFIDENCE

This Certificate is for the confidential use of the Licensing Authority and will be used in determining an applicant's suitability to hold a Hackney Carriage/Private Hire Vehicle Driver's Licence.

NOTE TO APPLICANT

- Your application must be supported by a valid Medical Report completed by your own GP.
- Medical reports are required on every second application up to the age of 65. Thereafter they are valid for 1 year.

NOTE TO DOCTOR

The Council has adopted the DVLA Group II medical standard, which applies to heavy goods vehicles (HGV) and public service vehicles (PSV), as the medical standard for Hackney Carriage/Private Hire Vehicle Driver Licences. Further information is available at <https://www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency>

A What You Should Do

1. First read the notes at Section C (below) **“Medical Standards for the Drivers of Hackney Carriages/ Private Hire Vehicles”**
2. If you have any doubts about your ability to meet the medical standards, consult your doctor **before** you arrange for this medical form to be completed. Doctors charge a fee for completing such forms. **Fees are not refundable.**
3. Complete Section 9 of this report in the presence of your doctor.
4. Submit the medical certificate together with your completed application form to the Licensing Service. **NOTE: Medical certificates over 3 months old are not accepted.**

B What Your Doctor Should Do

1. Complete all sections of this report having reference to the DVLA Group II Medical Standard for vocational drivers where appropriate.
2. Sign, date and apply official surgery stamp at Section 8.

C Group II Medical Standard

The standard for vocational drivers is higher because professional drivers spend substantially longer at the wheel than do private motorists, so that the risk of sudden illness occurring whilst actually driving is greater. Applicants having the following conditions do **not** meet the standard:

1. **Epileptic seizure or medication for such a condition within the last ten years.**
2. **Insulin Dependent Diabetes who do not meet the C1 Standard.**

C1 The arrangements mean that those with good diabetic control and who have no significant complications can be treated as ‘exceptional cases’ and may have their application for a licence for category C1 considered. The criteria are:

- To have been taking insulin for a least 4 weeks;
- Not to have suffered an episode of hypoglycaemia requiring the assistance of another person whilst driving in the last 12 months;
- To attend an examination by a hospital consultant specialising in the treatment of diabetes at intervals of not more than 12 months and to provide a report from such a consultant in support of the application which confirms a history of responsible diabetic control with a minimal risk of incapacity due to hypoglycaemia;

- To provide evidence of at least twice daily blood glucose monitoring at times when C1 vehicles are being driven (those that have not held C1 entitlement in the preceding 12 months may provide evidence of blood glucose monitoring while driving other vehicles);
 - To have no other condition which would render the driver a danger when driving C1 vehicles; and
 - To sign an undertaking to comply with the directions of the doctor(s) treating the diabetes and to report immediately to DVLA any significant change in condition.
3. **Serious eyesight defects such as double vision and abnormal binocular field vision or the inability to read (with corrective lenses if needed) a number plate at 20.5 metres in good daylight.**
 4. **Serious heart conditions.**
 5. **Recent head injury with serious continuing after effects, or major brain surgery.**
 6. **'Chronic' neurological disorders likely to affect limb power and co-ordination.**
 7. **Psychotic or schizophrenic illness in the past 3 years, or dementia.**
 8. **Alcohol dependency or misuse, or illicit drug or substance dependency or use in the past 3 years.**
 9. **Insuperable difficulty in communicating by telephone in an emergency.**

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Please answer all questions and tick all boxes. Do not give any further medical information.

Name _____

Date of Birth _____

		YES	NO
1.	VISION		
a	Please state all the visual acuities as measured by the Snellen Chart		
	Corrected		
	Uncorrected		
	Left Right		
b	Is there any loss of the full binocular field of vision? (central and/or peripheral)		
c	Is there uncontrolled diplopia?		
2.	HYPERTENSION		
a	Is there a history of hypertension with BP readings consistently greater than 180 systolic or 100 diastolic?		
b	If YES, please provide the three most recent readings with dates.		
c	If there is treated hypertension, does the medication cause any side effects likely to affect safe driving?		
3.	NERVOUS SYSTEM		
a	Has the applicant had major or minor epileptic seizure(s)?		
b	Please give date of last seizure.		
c	Please give date when treatment ceased.		
d	Is there a history of blackout or impaired consciousness within the past 5 years?		
e	Is there a history/liability to sudden and unprovoked or unprecipitated episodes of disabling dizziness/vertigo within the last 1 year?		
f	Is there a history of chronic and/or progressive neurological disorder, brain surgery, serious head injury or brain tumour, benign or malignant, primary or secondary?		
g	Is there any history of traumatic brain injury?		
4.	DIABETES MELLITUS		
a	Does the applicant have diabetes mellitus?		
	If YES, please answer the following questions. If NO, proceed to Section 5. Is the diabetes managed by:-		
b	Insulin		
c	Oral hypoglycaemic agents and diet		
d	Diet only		
e	Is the diabetic control generally satisfactory?		
f	Is there evidence of significant complications such as loss of visual field laser treatment, severe peripheral neuropathy, impairment of limb function or joint position sense?		

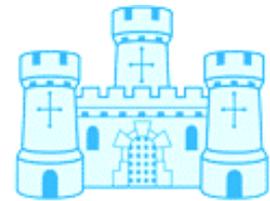
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		YES	NO
4.	DIABETES MELLITUS (continued)		
g	Are there significant episodes of hypoglycaemia?		
h	Is there loss of warning symptoms of hypoglycaemia?		
5.	PSYCHIATRIC ILLNESS		
a	Has the applicant suffered from or required treatment for a psychosis in the past 3 years?		
b	Has the applicant required treatment for any other psychiatric disorder within the past 6 months?		
c	Is there confirmed evidence of dementia?		
d	Is there a history of alcohol misuse or alcohol dependency or illicit drug or substance use or dependency in the past 3 years?		
e	Is there a history of illicit drug or substance use or dependency in the past 3 years?		
6.	GENERAL		
a	Has the applicant currently a significant disability of the spine or limbs which is likely to impair control of the vehicle?		
b	Is there a history of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally?		
c	Is the applicant profoundly deaf?		
7.	Does the applicant have sleep apnoea syndrome?		
	If YES, please supply details		
a	Date of diagnosis		
b	Is it controlled successfully?		
c	If YES, please state treatment		
d	Please state period of control		
8.	Is there any other medical condition , causing excessive daytime sleepiness?		
a	Diagnosis		
b	Date of diagnosis		
c	Is it controlled successfully?		
d	If YES, please state treatment		
e	Please state period of control		
9.	CARDIOVASCULAR		
a	Is there a history of Coronary Artery Disease including either Myocardial infarction? Coronary artery by-pass graft? Coronary Angioplasty? Any other Coronary artery procedure?		
b	Is there any history of angina or heart failure?		
c	Have any cardiac investigations including an exercise ECG, angiogram or echocardiograph been undertaken (or planned)?		
d	Has a Pacemaker, cardiac defibrillator or antivenricular tachycardia device been fitted or implanted?		
	Is there any history of the following:		
e	Aortic aneurysm with a transverse diameter of 5.5cm or more		
f	Thoracic aortic aneurysm with bicuspid aortopathy, maximum aortic diameter should be less than 5.5 cm provided: <ul style="list-style-type: none"> • No associated coarctation of aorta • No systemic hypertension 		

		YES	NO
	<ul style="list-style-type: none">• No family history of dissection and• Growth not greater than 3mm per year. If any of the above, the maximum aortic diameter allowed would be less than 5 cm.		
g	Symptomatic peripheral arterial disease		
h	Valvular heart disease (with or without surgery)		
i	Is there a history of Embolism (not pulmonary embolism?)		
j	Persistent dilation or hypertrophy of either ventricle		
k	Established cardiomyopathy		
l	Heart or heart/lung transplant		
m	Congenital heart disorder/disease		

Name _____

Date of Birth _____



DECLARATION BY G.P.

I certify that the applicant has been on my panel for _____ years and that I have examined him/her having referred to the D.V.L.A Group 2 Medical Standard for vocational drivers.

I confirm that:-

- a) the applicant meet's the Medical Standard to drive as laid down by the D.V.L.A.
- b) the applicant does not meet the Medical Standard to drive as laid down by the D.V.L.A.
(delete as appropriate)

Signed: _____

Dated: _____

Medical Practitioner Details

(To be completed by applicant's General Practitioner)

SECTION 8

Name
Address

Surgery Stamp

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Signature of Medical Practitioner

Date

Print Name

Applicant's Details

(To be completed in the presence of the applicant's General Practitioner)

SECTION 9

Your Name
Your Address
Post Code

Date of Birth

Home Tel No.

Mobile No.

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

Signature Date