Horsham District Council

MEDICAL ASSESSMENT FORM

ASSOCIATED WITH AN APPLICATION FOR A LICENCE TO DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE

Notes for the Applicant

This medical examination now includes a vision assessment that must be filled in by a doctor or optician/optometrist. Some doctors will be able to fill in both the vision and medical assessment sections of the report. If your doctor is unable to fully answer all the questions on the vision assessment you must have it filled in by an optician/optometrist. If you do not wear glasses to meet the eyesight test standard, or if you have a minus (-) eyesight prescription, your doctor may be able to fill in the whole report. If you wear glasses and you have asked a doctor to fill in the report, you must take your current prescription to the assessment.

The Council is not responsible for any fees that you may pay to a doctor and/or optician/optometrist and/or other medical specialist, even if you are unable to meet the Group 2 medical fitness to drive standard**.**

You must take a form of photographic identity to the examination, for example your passport or DVLA driving licence

- All new driver applications are subject to a full Group II Medical Assessment completed by a GP at the surgery where the applicant is registered.
- Any driver renewing a licence is subject to a further medical every five years until they reach the age of 65 then annually if they continue to hold a licence.

General

An applicant/driver with an ongoing medical condition, ie, diabetes which is controlled by insulin, or has a heart condition, will be required to provide the Council with details of any change in that condition or in their medication.

During the life of a licence:

(i) a driver diagnosed with a new medical condition or

(ii) a driver who has an existing condition which develops (and may affect their ability to drive)

is required to inform the Taxi Licensing Section immediately. In these circumstances a further medical may be required. Licence renewals will not be processed where a Medical Assessment Form has not been received.

Medical standards for drivers of Hackney Carriages and Private Hire Vehicles are higher than those required for other car driver's; these are in accordance with DVLA Group 2 standards. Conditions affecting fitness to drive may result in a licence may be refused/ suspended or revoked.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1084397/assessing-fitness-to-drive-may-2022.pdf

This assessment needs to be completed in full Licence renewals will not be processed where a Medical Assessment Form has not been received.

Applicants/drivers should ensure that they have allowed plenty of time to both book and attend GP appointment(s) for completion of this assessment

Please return completed form to:

Horsham District Council, Licensing Department, Parkside, Albery House, Springfield Road, Horsham, West Sussex RH12 2GB

Applicant's details: (to be filled in the presence of the doctor carrying out the examination)		
First name(s): Surname:	Date of birth: Age:	Photo
Current address: **Post Code:** **Contact telephone number:**		

Applicant's consent and declaration:

(Please read the following carefully before signing and dating the declaration).

I authorise my General Practitioner(s) and Specialist(s) to release medical information about my condition, together with any relevant information relevant to fitness to drive, to the Taxi Licensing Section of Horsham District Council for the purpose of the Council (by its Officers and/or Members) of assessing my fitness to drive a hackney carriage or private hire vehicle licensed by that Council.

I declare that, to the best of my knowledge and belief, all information given by me to my doctors in connection with the examination or completion of the DVLA Group 2 medical examination report is true.
In the event that the Council is not satisfied of my fitness to drive a hackney carriage or private hire vehicle, I may, at my own cost, submit further medical evidence to the Council as I consider appropriate.

Signed:	**Date:**

General Practitioner

This form must be completed in full by the applicant's own General Practitioner.
Please answer all questions and once completed sign the declaration at the end.

The Council's policy on medical fitness requires that taxi drivers meet Group 2 Entitlement, as set out in the DVLA publication '*Assessing Fitness to Drive - A Guide for Medical Professionals*'.

This guide makes reference to current best practice guidance contained in the booklet 'Fitness to Drive' which recommends the medical standard applied by DVLA in relation to bus and lorry drivers should also be applied by local authorities to taxi drivers.

(a)	**Is the applicant a registered patient of the surgery / medical centre at which you practice as a registered medical practitioner?**	**YES**	**NO***
(b)	**Have you reviewed the above applicant's medical records?** **If reviewing a printout of the medical records please give date of printout:**	**YES**	**NO**

***IF THE PATIENT IS NOT REGISTERED AT YOUR SURGERY AND YOU ARE REVIEWING A PRINTED HISTORY OF HIS/HER MEDICAL RECORDS – PLEASE ENCLOSE THE FULL COPY OF THE PRINTED HISTORY YOU HAVE SEEN, WITH THIS DOCUMENT.**

1	**Vision Assessment – to be completed by the GP or optician/optometrist** **Note: you must read the current DVLA guidance so that you can decide whether you are able to fully complete the vision assessment at www.gov.uk/current-medical-guidelines-dvla-guidance-for- professionals**					
	The visual acuity, as measured by the 6 metre Snellen chart must be at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and a least Snellen 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to achieve this standard.					
1.	**Please confirm the scale you are using to express the driver's visual acuities Snellen ☐ Snellen expressed as a decimal ☐ LogMAR ☐**					
2.	**Please state the visual acuity of each eye**					
	Uncorrected		**Corrected (using the prescription worn for driving)**			
	Right	**Left**	**Right**	**Left**		
3.	**Please give the best binocular acuity with corrective lenses if worn for driving**					
4.	**If glasses were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8(+8) dioptres?**				**Yes**	**No**
5.	**If a correction is worn for driving, is it well tolerated?**				**Yes**	**No**
6.	**Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and /or peripheral)?** ***If so, then formal field testing may be required***				**Yes**	**No**
7.	**Is there a defect in the patient's binocular field of vision (central and/or peripheral)?**				**Yes**	**No**
8.	**Is there diplopia (controlled or uncontrolled)?**				**Yes**	**No**
9.	**Does the patient have any other ophthalmic condition?** **If YES to questions 4, 5 or 6 please give details in Section 9.**				**Yes**	**No**

In relation to section 1 does the applicant meet the DVLA Group II medical conditions?	**YES**		**NO**	

If not please indicate reasons why

If eye examination has been completed by an optician/optometrist please give details below

Name:

Address:

Contact telephone number:

2	NERVOUS SYSTEM								
i	Has the patient had any form of epileptic attack? If YES please answer questions a – f below.							YES	NO
	(a)	Has the patient had more than one attack?						Yes	No
	(b)	Please give date of first and last attack:	First attack		Last attack				
	(c)	Is the patient currently on anti-epilepsy medication? If YES please give details of current medication:						Yes	No
	(d)	If treated, please give date when treatment ended.							
	(e)	Has the patient had a brain scan? If YES please state dates.						Yes	No
		MRI		CT					
	(f)	Has the patient had an EEG? If YES please provide date and details						Yes	No
ii	Is there a history of blackout or impaired consciousness within the last 5 years? If YES please give dates and details at Section 9:							Yes	No
iii	Is there a history of, or evidence of, any of the conditions listed at a – g below? If NO go to Section 3.							Yes	No
	If YES please answer the following questions, give dates and full details.								
	(a)	Stroke / TIA (*please delete as appropriate*) If YES please give date:						Yes	No
		Has there been a full recovery?						Yes	No
	(b)	Sudden and disabling dizziness/vertigo within the last one year with a liability to recur						Yes	No
	©	Subarachnoid haemorrhage						Yes	No
	(d)	Serious head injury within the last 10 years						Yes	No
	(e)	Brain tumour, either benign or malignant, primary or secondary						Yes	No
	(f)	Other brain surgery/abnormality						Yes	No
	(g)	Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis						Yes	No

In relation to section 2 does the applicant meet the DVLA Group II medical conditions?	YES		NO	
If not please indicate reasons why				

3		DIABETES MELLITUS		
i	Does the patient have diabetes mellitus? If NO please go to Section 4. If YES please FULLY COMPLETE SECTION 3.		Yes	No
ii	Is the diabetes managed by:-			
	(a)	Insulin? If YES please give date started on insulin & CONFIRM THAT THE STANDARDS FOR INSULIN TREATED DRIVERS ARE MET – SEE BELOW	Yes	No
	(b)	Exenatide/Byetta?	Yes	No
	(c)	Oral hypoglycaemic agents and diet? If YES please provide details of medication:	Yes	No
	(d)	Diet only?	Yes	No
iii	Does the patient test blood glucose at least twice every day? (see note below)		Yes	No

For diabetics treated with INSULIN the following criteria must be met:

• full awareness of hypoglycaemia	Yes	No
• no episode of severe hypoglycaemia in the preceding 12 months	Yes	No
• practices blood glucose testing – at least twice daily, including days when not driving; and	Yes	No
• no more than 2 hours before the start of the first journey; and	Yes	No
• every 2 hours after driving has started	Yes	No
• A maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started	Yes	No
• must use a blood glucose meter with sufficient memory to store 3 months of readings	Yes	No
• the applicant's usual doctor who provides diabetes care to undertake an examination at least every 3 years to include review of the previous 3 months glucose readings	Yes	No
• arranges an examination to be undertaken every 12 months by an independent consultant specialist in diabetes if the examination by their usual doctor is satisfactory (please attach latest report)	Yes	No
• demonstrates an understanding of the risks of hypoglycaemia	Yes	No
• has no qualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect	Yes	No

If the medical standards are met, a 1, 2 or 3 year licence will be issued.

For diabetics treated by medication other than insulin and carrying risks of hypoglycaemia the following criteria must be met:

• **full awareness of hypoglycaemia**	**Yes**	**No**
• **no episode of severe hypoglycaemia in the preceding 12 months**	**Yes**	**No**
• **practices regular self-monitoring of blood glucose– at least twice daily and at times relevant to driving (ie, no more than 2 hours before the start of the first journey and every 2 hours whilst driving)**	**Yes**	**No**
• **demonstrates an understanding of the risks of hypoglycaemia**	**Yes**	**No**
• **has no qualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect**	**Yes**	**No**

If the medical standards are met, a 1, 2 or 3 year licence will be issued.

iv	**Is there evidence of:-**			
	(a)	**Loss of visual field?**	**Yes**	**No**
	(b)	**Severe peripheral neuropathy, sufficient to impair limb function for safe driving?**	**Yes**	**No**
	(c)	**Diminished / Absent awareness of hypoglycaemia?**	**Yes**	**No**
v	**Has there been any laser treatment for retinopathy? If YES please give date(s) of treatment**		**Yes**	**No**
vi	**Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance?**		**Yes**	**No**
	If YES to any of 4 – 6 above please give details in Section 9.			

In relation to section 3 does the applicant meet the DVLA Group II medical conditions?	**YES**		**NO**	

If not please indicate reasons why

4	PSYCHIATRIC ILLNESS		
	Is there a history of, or evidence of any of the conditions listed at 1 – 7 below? If NO please go to Section 5.	**YES**	**NO**
	If YES please answer the following questions and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in Section 9. (Please enclose relevant notes). (If patient remains under specialist clinic(s) please give details in Section 9).		
i	**Significant psychiatric disorder within the past 6 months?**	**Yes**	**No**
ii	**A psychotic illness within the past 3 years, including psychotic depression?**	**Yes**	**No**
iii	**Dementia or cognitive impairment?**	**Yes**	**No**
iv	**Persistent alcohol misuse in the past 12 months?**	**Yes**	**No**
v	**Alcohol dependency in the past 3 years?**	**Yes**	**No**
vi	**Persistent drug misuse in the past 12 months?**	**Yes**	**No**
vii	**Drug dependency in the past 3 years?**	**Yes**	**No**

In relation to section 4 does the applicant meet the DVLA Group II medical conditions?	**YES**		**NO**	

If not please indicate reasons why

5	**CARDIAC * (Please read notes below)**		
	Is there a history of, or evidence of, Coronary Artery Disease? If NO please go to Section 5B If YES please answer all questions below and give details in Section 9.	**YES**	**NO**
5A	**CORONARY ARTERY DISEASE**		
i	**Acute Coronary Syndromes including Myocardial Infarction? If YES please give date(s):**	**Yes**	**No**
ii	**Coronary artery by-pass graft surgery? If YES please give date(s):**	**Yes**	**No**
iii	**Coronary Angioplasty (P.C.I.)? If YES please give date of most recent intervention:**	**Yes**	**No**
iv	**Has the patient suffered from Angina? If YES please give the date of the last attack:**	**Yes**	**No**

In relation to section 5A does the applicant meet the DVLA Group II medical conditions?	**YES**		**NO**	

If not please indicate reasons why

*** If a patient has established coronary heart disease evidence is required that the applicant reaches the functional requirements in the form of an exercise ECG, or stress myocardial perfusion scan or stress echocardiogram. These tests must be completed every three years in accordance with Appendix C, Assessing Fitness to Drive - A guide for medical professionals.**

https://www.gov.uk/government/publications/assessinfitness-to-drive-a-guide-for-medical-professionals

Applicants cannot meet the requirements without these tests.

Please go to next Section 5B

5B	CARDIAC ARRHYTHMIA			
	Is there a history of, or evidence of, cardiac arrhythmia? If NO, go to Section 5C If YES please answer all questions below and give details in Section 9.		YES	NO
i	Has there been a significant disturbance of cardiac rhythm? i.e. Sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in last 5 years?		Yes	No
ii	Has the arrhythmia been controlled satisfactorily for at least 3 months?		Yes	No
iii	Has an ICD or biventricular pacemaker (CRST-D type) been implanted?		Yes	No
iv	Has a pacemaker been implanted? If YES:		Yes	No
	(a)	Please supply date:		
	(b)	Is the patient free of symptoms that caused the device to be fitted?	Yes	No
	(c)	Does the patient attend a pacemaker clinic regularly?	Yes	No

In relation to section 5B does the applicant meet the DVLA Group II medical conditions?	YES		NO	
If not please indicate reasons why				
Please go to next Section 5C				

5C	PERIPHERAL ARTERIAL DISEASE (EXCLUDING BUERGER'S DISEASE) AORTIC ANEURYSM/DISSECTION					
	Is there a history or evidence of ANY of the following? If NO go to Section 5D. If YES please answer the questions below and give details in Section 9.				YES	NO
i	Peripheral Arterial Disease (excluding Buerger's Disease)				Yes	No
ii	Does the patient have claudication? If YES please give details as to how long in minutes the patient can walk at a brisk pace before being symptom limited:				Yes	No
iii	Aortic Aneurysm					
	(a)	Site of Aneurysm (please tick):	Thoracic ☐	Abdominal ☐		
	(b)	Has it been repaired successfully?			Yes	No
	(c)	Is the transverse diameter currently >5.5 cms?			Yes	No
		If NO please provide latest measurement:		Date obtained:		
iv	Dissection of the Aorta repaired successfully If YES please provide details				Yes	No

In relation to section 5C does the applicant meet the DVLA Group II medical conditions?	YES		NO	
If not please indicate reasons why				
Please go to next Section 5D				

5D	VALVULAR/CONGENITAL HEART DISEASE		
	Is there a history of, or evidence of, valvular/congenital heart disease?	Yes	No
	If NO go to Section 5E If YES please answer all questions below and give details in Section 9 of the form		
i	Is there a history of congenital heart disorder?	Yes	No
ii	Is there a history of heart valve disease?	Yes	No
iii	Is there any history of embolism? (not pulmonary embolism)	Yes	No
iv	Does the patient currently have significant symptoms?	Yes	No
v	Is there a history of, aortic stenosis? If Yes, please provide relevant reports.	Yes	No
vi	Has there been any progression since the last licence application? (if relevant)	Yes	No

In relation to section 5D does the applicant meet the DVLA Group II medical conditions?	YES		NO	

If not please indicate reasons why

5E	CARDIAC OTHER			
	Does the patient have a history of ANY of the following conditions? If NO go to Section 5F If YES please answer all questions below and give details in Section 9 of the form		YES	NO
	(a)	A history of, or evidence of, heart failure?	Yes	No
	(b)	Established cardiomyopathy?	Yes	No
	(c)	A heart or heart/lung transplant?	Yes	No
	(d)	Has a left ventricular assist device (LVAD) been implanted	Yes	No

In relation to section 5E does the applicant meet the DVLA Group II medical conditions?	YES		NO	

If not please indicate reasons why

5F	CARDIAC INVESTIGATIONS (This section must be filled in for all patients)			
i	Has a resting ECG been undertaken? If YES does it show:		YES	NO
	(a)	Pathological Q waves?	Yes	No
	(b)	Left bundle branch block?	Yes	No
	(c)	Right bundle branch block?	Yes	No
ii	Has an exercise ECG been undertaken (or planned)?		Yes	No
	If YES please provide date and give details in Section 9:			
iii	Has an echocardiogram been undertaken (or planned)?		Yes	No
	(a)	If YES please give date and give details in Section 9:		
	(b)	If undertaken is/was the left ventricular ejection fraction greater than or equal to 40%?	Yes	No

iv	**Has a coronary angiogram been undertaken (or planned)?**	**Yes**	**No**
	If YES please provide date and give details in Section 9:		
v	**Has a 24 hour ECG tape been undertaken (or planned)?**	**Yes**	**No**
	If YES please provide date and give details in Section 9:		
vi	**Has a Myocardial Perfusion Scan or Stress Echo study been undertaken?**	**Yes**	**No**
	If YES please provide date and give details in Section 9:		

In relation to section 5F does the applicant meet the DVLA Group II medical conditions?	**YES**		**NO**	

If not please indicate reasons why

Please go to next Section 5G

5G	**BLOOD PRESSURE (This section must be filled in for all patients)**		
i	**Is today's best systolic pressure reading 180 mm/Hg or more? (Please give reading) BP reading:**	**Yes**	**No**
ii	**Is today's best diastolic pressure reading 100mm Hg or more? (Please give reading) BP reading:**	**Yes**	**No**
iii	**Is the patient on anti-hypertensive treatment?**	**Yes**	**No**
	If YES to any of the above please provide three previous readings with dates if available:		

	1. B.P reading:	**Date:**
	2. B.P reading:	**Date:**
	3. B.P reading:	**Date:**

In relation to section 5G does the applicant meet the DVLA Group II medical conditions?	**YES**		**NO**	

If not please indicate reasons why

6.	GENERAL Please answer all questions in this section. If your answer is YES to any question please give full details in Section 9.				
i	Is there currently a disability of the spine or limbs likely to impair control of the vehicle?			Yes	No
ii	Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise			Yes	No
	If YES please give dates and diagnosis and state whether there is current evidence of dissemination?				
	(a)	Is there any evidence the patient has a cancer that causes fatigue or cachexia that affects safe driving?		Yes	No
iii	Is the patient profoundly deaf?			Yes	No
	If YES is the patient able to communicate in the event of an emergency by speech or by using a device e.g. a text/phone?			Yes	No
iv	Is there a history of either renal or hepatic failure?			Yes	No
v	Is there a history of, or evidence of sleep apnoea syndrome that has caused excessive daytime sleepiness?			Yes	No
	If YES please indicate severity Mild (AHI <15) ☐ Moderate (AHI 15 – 29) ☐ Severe (AHI >29) ☐ Not known ☐				
	(a)	Date of diagnosis:			
	(b)	Is it controlled successfully?		Yes	No
	(c)	If YES please state treatment:	(d) Please state period of control:		
	(e)	Please provide neck circumference in cm.			
	(f)	Please provide girth measurement in cm.			
	(g)	Date last seen by consultant with copy of latest outpatient letter.			
vi	Does the patient suffer from narcolepsy/cataplexy?			Yes	No
vii	Is there any other Medical Condition causing daytime sleepiness?			Yes	No
	If YES please provide details:				
	(a)	Diagnosis:			
	(b)	Date of diagnosis:			
	(c)	Is it controlled successfully?		Yes	No
	(d)	If YES please state treatment:	(e) Please state period of control:		
	(f)	Date last seen by consultant:			
viii	Does the patient have severe symptomatic respiratory disease causing chronic hypoxia?			Yes	No
ix	Does any medication currently taken cause the patient side effects that could affect safe driving?			Yes	No
	If YES please provide details:				
x	Does the patient have any other medical condition that could affect safe driving?			Yes	No
	If YES please provide details:				

In relation to section 6 does the applicant meet the DVLA Group II medical conditions?	YES		NO	

If not please indicate reasons why

7.	ALCOHOL AND/OR DRUG MIS-USE Please answer all questions in this section. If your answer is YES to any question please give full details in Section 9.		
i	Does the patient show any evidence or history of misuse or dependence on alcohol?	Yes	No
ii	Does the patient show any evidence or history of misuse or dependence on illicit drugs?	Yes	No

In relation to section 7 does the applicant meet the DVLA Group II medical conditions?	YES		NO	
If not please indicate reasons why				

8.	EQUALITY ACT 2010 Please answer all questions in this section. If your answer is YES to any question please give full details in Section 9 and include copies of any relevant medical reports.		
i	Does the patient have any medical or any physical condition that makes it impossible or unreasonably difficult for them to load or unload a passenger seated in a wheelchair into a vehicle, load a wheelchair into the boot of a vehicle or give reasonable assistance to a disabled passenger (while still able to comply with all Group 2 driving requirements)?	Yes	No
ii	Does the patient have any medical condition that requires an exemption from carrying guide dogs, hearing dogs or other assistance dogs?	Yes	No

9.	Additional Information
	List of current repeat prescriptions:

General Practitioner

DECLARATION: Please read the following carefully before completing, signing and dating the declaration.

If the applicant/patient is not a registered patient with your practice or you have not reviewed his/her medical records then do not complete the declaration.

I certify that I am familiar with the current requirements of Group 2 medical standards applied by the DVLA in the current version of "Medical Standards of Fitness to Drive".

I certify that I have reviewed the applicant's medical records and that in my opinion nothing therein contradicts or tends to contradict the information given to me by the applicant.

I certify that I have today undertaken a medical examination of the applicant for the purpose of assessing their fitness to act as a driver of a Hackney Carriage or Private Hire driver under the DVLA Group 2 medical standards

I certify that having regard to the foregoing, the applicant

MEETS ☐

DOES NOT MEET ☐

the minimum standards required for the DVLA Group 2 medical standards.

Doctor's name & GMC number	**Surgery Stamp: (not accepted without surgery stamp)**
Surgery name:	
Surgery address:	
Signed:	**Date:**