

**Local Government (Miscellaneous Provisions) Act 1976
Hackney Carriage and/or Private Hire Vehicle Driver's Licence Application**

Medical Assessment Questionnaire

Part 1. Details of the Applicant – to be completed by the applicant in the presence of the Doctor undertaking the assessment

Full Name of Applicant:	
Applicant's Date of Birth:	
Applicant's Address:	
Applicant's Telephone No:	
Applicant's Signature:	

Part 2. Medical Assessment Questionnaire - to be completed by the Doctor

	Questions	Answers
1.	Is the Applicant's urine analysis positive for Glucose?	YES NO
2.	Is today's best reading of systolic blood pressure 180 mmHg or greater?	YES NO
3.	Is today's best reading of diastolic blood pressure 100 mmHg or greater?	YES NO
4.	Is the Applicant receiving any antihypertensive treatment?	YES NO
5.	Please provide today's best reading of systolic/diastolic blood pressure :	
6.	What is the Applicant's visual acuity as measured by 6m Snellen's chart?	Right Left
7.	Do corrective lenses have to be worn to achieve these standards?	YES NO
8.	Is the visual acuity of the Applicant, with lenses if worn, at least 6/12?	YES NO
9.	Does the Applicant meet DVLA group 1 medical standards for visual disorders?	YES NO
	Is there a defect in the Applicant's binocular field of vision	YES

10a.	(central or peripheral)?	NO
10b.	If answer to 10a is yes, do you consider that the Applicant's vision is likely to affect safe driving?	YES NO
11a.	Has the applicant ever had any form of epileptic attack?	YES NO
11b.	If the answer to question 11a is Yes, please give date of the last seizure:	
12a.	Does the Applicant have a history of blackout or impaired consciousness in the last 5 years?	YES NO
12b.	If the answer to question 12a is Yes, please provide further details:	
13a.	Does the applicant have diabetes mellitus?	YES NO
13b.	If the answer to question 13a is Yes please answer, is it controlled by:- <ul style="list-style-type: none"> • Insulin • Oral medication • Diet? 	YES NO YES NO YES NO
14.	Is there a history of hypoglycaemia during waking hours, in the last 12 months, requiring assistance from a third party?	YES NO
15.	Is there any evidence of diabetic complications?	YES NO
16.	Is the Applicant, to the best of your judgement, subject to any mental ailment likely to interfere with the efficient and safe discharge of his/her duties as a driver of Hackney Carriages or Private Hire Vehicles?	YES NO
17.	Does the Applicant suffer from any heart or lung condition likely to interfere with the efficient and safe discharge of his/her duties as a driver of Hackney Carriages or Private Hire Vehicles?	YES NO
18.	Does the Applicant have any deformity, loss of members or physical disability (particularly of arms, legs, hands and joints) likely to interfere with the efficient and safe discharge of his/her duties as a driver of Hackney Carriages or Private Hire Vehicles?	YES NO
19.	Does the Applicant have a profound defect of hearing?	YES NO
20.	Does the Applicant show any evidence of persistent alcohol abuse, alcohol dependency, drug abuse or drug dependency?	YES NO
21.	Does any medication currently taken cause the Applicant any side effects that could affect safe driving?	YES NO

22.	Does the Applicant have any other medical condition that is likely to interfere with the efficient and safe discharge of his duties as a driver of Hackney Carriages or Private Hire Vehicles?	YES NO
23.	Please provide details of any of the conditions identified in response to the questions above.	

Part 3. Medical Practitioner's declaration and details

I certify that I am: (please tick appropriate box)

**the applicant's General Practitioner with access to his/her medical records; or
a registered medical practitioner and have acquired relevant medical information prior to carrying out this assessment.**

GP's 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.

(Please refer to the most up to date version of DVLA 's guidance for medical practitioners: At a glance Guide to current Medical Standards of Fitness to Drive which is available at <http://www.dft.gov.uk/dvla/medical/atagance.aspx> before issuing the certificate. Sunderland City Council currently requires Group 1 standards in relation to the driving of Hackney Carriages and Private Hire Vehicles).

I certify that I have reviewed the applicant's *medical records/electronic medical records and that in my opinion nothing therein contradicts or tends to contradict the information given to me by the applicant. (* delete as appropriate).

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 and, in my opinion, the Applicant is:

FIT to drive a Hackney Carriage/ Private Hire Vehicle

UNFIT to drive a Hackney Carriage/ Private Hire Vehicle

Medical Practitioner's Name:

Signed:

Date of Examination:

Surgery Stamp or GMC NO:

Part 4. Applicant's Declaration

I declare that the information contained within this questionnaire is true to the best of my knowledge and belief.

Signature of the Applicant:

Dated: