MEDI 2021

EASTLEIGH BOROUGH COUNCIL

LICENSING TEAM, HEDGE END DEPOT, BOTLEY ROAD, HEDGE END SO30 2RA

Notes to the Medical Practitioner

Please complete this form in full

Any fee charged is payable direct by the applicant to the medical Practitioner

Please confirm the identity of the applicant

Please post this form back to the council recorded delivery

The Medical Commission on Accident Prevention has recommended that Group 2 medical standards applied by the DVLA should be applied by local authorities to Hackney Carriage and Private Hire vehicles drivers, see previous notes.

Name of Applicant ……

Address of Applicant ……

……

……

Date of Birth ……

National Insurance Number ……

Is the applicant registered with your surgery **Yes/No**

Have you had access to the applicants Medical Records **Yes/No**

Council Use:

Satisfactory/Unsatisfactory

Notes ……

……

……

……

Signature…… Date……

LICENSING TEAM, EASTLEIGH BOROUGH COUNCIL, HEDGE END DEPOT, BOTLEY ROAD, HEDGE END. SOUTHAMPTON SO30 2RA

MEDICAL EXAMINATION - APPLICATION FOR HACKNEY CARRIAGE OR PRIVATE HIRE DRIVER'S LICENCE

This must be completed by your Doctor, taking into account the criteria for group 2 vocational drivers as set out in "medical aspects of fitness to drive" and the latest edition of the DVLA publication "at a glance guide for current medical standards of fitness to drive" (see note B1 above and section 7 of this report).

Please answer all questions and use black ink throughout

Please give the applicant's weight (kg/st)		and height (cm/ft)	
Please give details of smoking habits, if any			
Please give the number of alcohol units taken each week			

Details of specialist(s)/ consultants

1	2	3

Speciality

Date last seen

Current medication

Date first licensed to drive a hackney carriage and/or private hire vehicle	

Section 1 - Vision (Please see **eyesight notes** on page 2)

Please tick ✓ the appropriate boxes

A medical standard of at least 6/60 in the worst eye, and 6/7.5 in the better eye is normally required.

		Yes	**No**
1.	Does the patient's vision reach this standard without glasses or contact lenses?		
2.	If no, does the patient's vision reach this standard with glasses or contact lenses?		
	If **Yes,** (c) If correction is required to meet the above standard, is it well tolerated?		

3. Please state the visual acuities **of each eye** in terms of the 6 metre Snellen chart. Please convert any 3 metre readings to the 6 metre equivalent

Uncorrected			**Corrected** (if applicable)		
Right		Left	Right		Left

Note 1: It is not necessary to record the uncorrected acuity if the patient requires glasses or contact lenses to reach the above standard.

Note 2: In exceptional circumstances a person who has held a licence for many years may be permitted to hold a licence with vision which fails to meet the above acuity standards. The examining doctor is advised to consult the DVLA publication 'At a Glance Guide' or seek further guidance in these cases.

A patient must not require spectacles which have lenses of +8 dioptres or greater.

4.	Does the patient require spectacles of +8 dioptres or greater to meet the above visual acuity requirement? Note3: It may be necessary for the patient to obtain a declaration from an optometrist to confirm this.		
5.	Is there a defect in the patient's binocular field of vision (central and/or peripheral)?		
6.	Is there diplopia (controlled or uncontrolled)?		
7.	Does the applicant have any other ophthalmic condition?		

If **Yes** to 4, 5, or 6, please give details in **section 7** and enclose any relevant visual field charts or hospital letters.

Section 2 - Nervous System

		Yes	No
1.	Has the applicant had any form of epileptic attack?		
	If **Yes**, please give date of last attack		
	If treated, please give date when treatment ceased		
2.	Is there a history of blackout or impaired consciousness within the last 5 years?		
	If **Yes**, please give dates and details in **section 7**		
3.	Does the applicant suffer from narcolepsy/cataplexy?		
	If **Yes**, please give dates and details in **section 7**		
4.	Is there a history of, or evidence of any of the conditions listed at (a) - (h) below?		
	If **No**, go to section 3		
	If **Yes**, please tick the relevant boxes and give dates and full details at section 7		
(a)	Stroke/TIA *please delete as appropriate*		
(b)	Sudden and disabling dizziness/vertigo within the last year with a liability to recur		
(c)	Subarachnoid haemorrhage		
(d)	Serious head injury with the last 10 years		
(e)	Brain tumour, either benign or malignant, primary or secondary		
(f)	Other brain surgery		
(g)	Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis		
(h)	Dementia or cognitive impairment		

Section 3 - Diabetes Mellitus

		Yes	No
1.	Does the applicant have diabetes mellitus?		
	If **No,** go to section 4 If **Yes**, please answer the following questions		
2.	Is the diabetes managed by: -		
(a)	Insulin?		
	If **Yes**, please give date started on insulin		
(b)	Oral hypoglycaemic agents and diet?		
(c)	Diet only?		
3.	Does the applicant test blood glucose at least twice every day?		
4.	Is there evidence of: -		
(a)	Loss of visual field?		
(b)	Severe peripheral neuropathy, sufficient to impair limb function for safe driving?		
(c)	Diminished/absent awareness of hypoglycaemia?		
5.	Has there been laser treatment for retinopathy?		
	If **Yes**, please give date(s) of treatment		
6.	Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party?		
7.	If **Yes** to any of 4-6 above, please give details in **section 7**		

Section 4 - Psychiatric illness

	Yes	No
Is there a history, or evidence, of any of the conditions listed at 1-6 below?		

If **No** go to section 5

If **Yes** please tick the relevant box(es) below and give dates, prognosis, period of stability and details of medication, dosage and any side effects in **section 7**

NB if applicant remains under specialist clinic(s), ensure details are entered in **section 1**

1.	Significant psychiatric disorder within the past 6 months, e.g. depression		
2.	A psychotic illness within the past 3 years, e.g. schizophrenia		
3.	Persistent alcohol misuse in the past 12 months		
4.	Alcohol dependency in the past 3 years		
5.	Persistent drug misuse in the past 12 months		
6.	Drug dependency in the past 3 years		

Section 5 - Cardiac

Please follow the instructions in all **sections 5A – 5G** giving details as required at **section 7**.
NB. If applicant remain under specialist cardiac clinic(s) ensure details are completed in **section 1**

Section 5A - Coronary Artery Disease

		Yes	No
	Is there a history, or evidence, of coronary artery disease?		

If **No**, go to section 5 B
If **Yes** please answer all questions below and give details at **section 7**

1.	Myocardial infarction?			
	If **Yes**, please give date(s)			
2.	Coronary artery by-pass graft?			
	If **Yes**, please give date(s)			
3.	Coronary Angioplasty (with or without stent)?			
	If **Yes**, please give date(s)			
4.	Has the applicant suffered from Angina?			
	If **Yes**, please give the date of the last attack			

Section 5B - Cardiac Arrhythmia

	Yes	No
Is there a history, or evidence, of cardiac arrhythmia?		

If **No**, go to **section 5C**
If **Yes** please answer all questions below and give details at **section 7**

		Yes	No
1.	Has the applicant had a significant documented disturbance in cardiac rhythm within the past 5 years?		
2.	Has the arrhythmia been controlled satisfactorily for at least 3 months?		
3.	Has a cardiac defibrillator device been implanted?		
4.	Has a pacemaker been implemented?		
	If **Yes**: -		
(a)	Has a pacemaker been implanted for at least 6 weeks?		
(b)	Since implantation, is the patient now symptom free from this condition?		
(c)	Does the applicant attend a pacemaker clinic regularly?		

Section 5C - Peripheral Arterial Disease

	Yes	No
Is there a history, or evidence, of **ANY** of the following: If **Yes**, please **tick** ✓ all relevant boxes below, and give details at **section 7**		

			Yes		No
1.	Peripheral Arterial Disease?				
2.	Aortic Aneurysm? If **Yes**:				
(a)	Site of Aneurysm	Thoracic		Abdominal	
(b)	Has it been repaired successfully?				
(c)	Is the transverse diameter more than 5 cms?				
3.	Dissection of the Aorta? If **Yes**:				
(a)	Has it been repaired successfully?				

Section 5D - Valvular / Congenital Heart Disease

	Yes	No
Is there a history, or evidence, of valvular / congenital heart disease?		

If **No**, go to **section 5E**
If **Yes**, please answer all questions below, and give details at **section 7**

		Yes	No
1.	Is there a history of congenital heart disorder?		
2.	Is there a history of heart valve disease?		
3.	Is there a history of embolism? (**not** pulmonary embolism)		
4.	Does the applicant currently have significant symptoms?		
5.	Has there been any progression since the last licence application? (if relevant)		

Section 5E - Cardiomyopathy

		Yes	No
	Does the applicant have a history of any of the following conditions:		
(a)	A history, or evidence, of heart failure?		
(b)	Established cardiomyopathy?		
(c)	A heart of heart/lung transplant?		

If **Yes** to any part of the above, please give full details in **section 7**

Section 5F - Cardiac Investigations

This section must be completed for all applicants

		Yes	No
1.	Has a resting ECG been undertaken		
	If Yes, does it show:		
(a)	Pathological Q waves?		
(b)	Left bundle branch block?		
2.	Has an exercise ECG been undertaken (or planned)?		
	If **Yes**, give date and give details in **section 7**		
	Sight/copy of the exercise test result/report (if done in the last 3 years) would be useful		
3.	Has an echocardiogram been undertaken (or planned)?		
	If **Yes**, give date and give details in **section 7**		
	Sight/copy of the echocardiogram result/report would be useful		
4.	Has a coronary angiogram been undertaken (or planned)?		
	If **Yes**, give date and give details in **section 7**		
	Sight/copy of the angiogram result/report would be useful		
5.	Has a 24 hour ECG tape been undertaken (or planned)?		
	If **Yes**, give date and give details in **section 7**		
	Sight/copy of the 24 hour tape result/report would be useful		
6.	Has a myocardial perfusion imaging scan been undertaken (or planned)?		
7.	If **Yes**, give date and give details in **section 7**		

Section 5G - Blood Pressure

This section must be completed for all applicants

		Yes	No
1.	Is today's systolic pressure greater than 180?		
2.	Is today's diastolic pressure greater than 100?		
3.	Is the applicant on anti-hypertensive treatment?		
4.	If **Yes** to any of the above, please supply today's reading:		

Section 6 - General

Please answer all questions in this section. If your answer is **Yes**, please give full details in **Section 7**

		Yes	No
1.	Is there **currently** a disability of the spine or limbs, likely to impair control of the vehicle?		
2.	Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with significant liability to metastasise cerebrally?		
	If **Yes**, please give dates and diagnosis and state whether there is current evidence of dissemination		
3.	Is the applicant profoundly deaf?		
	If **Yes**, is he/she able to communicate in the event of an emergency by speech or by using a device, e.g. a MINICOM/textphone		
4.	Is there a history of either renal or hepatic failure?		
5.	Does the applicant have apnoea syndrome?		
	If **Yes**, has it been controlled successfully?		
6.	Is there any other medical condition causing excessive daytime sleepiness?		
	If **Yes**, please give full details below		
7.	Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?		
8.	Does any medication currently taken cause the applicant side effects which impair his/her safe driving?		

Section 7 – Please forward copies of all relevant hospital notes if available

Section 8 Applicant's consent and declaration

This section must be completed and must not be altered in any way

Consent and Declaration Please read the following important information carefully then sign and date the statements below

On occasion, as part of the investigation into your fitness to drive a hackney carriage or private hire vehicle, Eastleigh Borough Council may require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your medical background details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be released. In addition, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by members of the borough Council's Licensing panel. Such information would be subject to legal restrictions on confidentiality.

Consent and Declaration

I authorise my Doctor(s) and Specialist(s) to release reports to Eastleigh Borough Councils Licensing Authority about my condition.
I authorise Eastleigh Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to all those involved in the determination of my application for a licence, and to release to my Doctor(s) details of the outcome of my case and any relevant medical information.
I declare that I have checked the details I have given on this form and that, to the best of my knowledge and belief, they are correct.

Signature		Date	

Section 9 - Applicant's details

To be completed in the presence of the Medical Practitioner carrying out the examination

Please make sure that you have printed your name and date of birth on each page before sending this form with your application

Name		Date of Birth	
Address		Home 'phone	
		Daytime 'phone	
Post Code			
E-mail address			

Section 10 – Medical Practitioner Details

To be completed by the Medical Practitioner carrying out the examination

Name		Surgery Stamp
Address		
Post Code		
E-mail address		

	YES	NO
The applicant is registered with this surgery/practise as a patient		
The applicant has been referred to me by their own GP practise Letter of referral is attached to this report.		
I have access to the patient's medical records summary		
I consider that the applicant meets the criteria for Group 2 Vocational Driver's Licence as set out in the latest editions of the DVLA publication		

"For Medical Practitioners – at a Glance Guide for Current Medical Standards Of Fitness to Drive" and the Medical Commission on Accident Prevention's publication "Medical Aspects of Fitness to Drive".

THE EXAMINING GP IS REQUIRED TO HAVE ACCESS TO THE APPLICANTS MEDICAL RECORDS SUMMARY IN ORDER TO ASSESS IF THEY ARE OR ARE NOT FIT TO BE A VOCATIONAL DRIVER

GMC registration no.:									

Signature of Medical Practitioner		Date	

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