



**Hackney Carriage/ Private Hire Driver Medical Screening Questionnaire**

Please complete this and ask your GP to confirm your medical history.

No medical examination is needed

[This is not NHS work so your GP may ask you for a fee to confirm this]

<b>QUESTION: To be filled in by applicant</b>	<b>YES</b>	<b>NO</b>
<b>Have you ever suffered from or do you now suffer from:</b>		
Problems with your vision or eye conditions?		
Any history of epilepsy, fits, strokes, or other neurological conditions?		
Diabetes or impaired glycaemic control?		
Significant mental illness?		
Disease of the heart and circulation including hypertension, chest pain, angina, ischaemic heart disease, arrhythmias, blood clots or heart failure?		
Disability of the arms, legs or spine likely to impair vehicle control?		
Any history of cancer or malignant tumour liable to spread cerebrally?		
Any history of deafness or significant hearing impairment?		
Any history of sleep apnoea syndrome?		
Any history of severe lung disease such as COPD?		
Brief Details:		

**Driver Candidate:** I certify that the above answers are correct.

Signature:.....Date:.....

Print Name.....

**General Practitioner:** I confirm the medical history.

Signature:.....Date:.....

Print Name.....

Surgery Stamp
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**Applicant's consent and declaration**

**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 Council as 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

**Applicant's details**

To be completed in the presence of the Medical Practitioner carrying out the medical screening questionnaire

Name	<input type="text"/>	Date of Birth:	<input type="text"/>
Address	<input type="text"/>	Home 'phone:	<input type="text"/>
	<input type="text"/>	Daytime 'phone:	<input type="text"/>
	<input type="text"/>		
Post Code	<input type="text"/>		
E-mail address	<input type="text"/>		

**Medical Practitioner Details**

To be completed by the Medical Practitioner carrying out the examination

Name	<input type="text"/>	Surgery Stamp	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Post Code	<input type="text"/>		
E-mail address	<input type="text"/>		

*[Please turn over and complete page 2]*

The applicant is registered with me as a patient

**YES/NO\***

I have full access to the patient's medical records

**YES/NO\***

*\* please delete whichever is inapplicable*

Signature of medical practitioner :	Date:
<input type="text"/>	<input type="text"/>