



Group 2 Standards of Medical Fitness (as applied by DVLA to the Licensing of Lorries and Bus Drivers)

Confidential - Medical Report for the Grant/Renewal of A Combined Hackney Carriage/Private Hire Drivers Licence

From 1st January 2021, if you are applying for a combined Hackney Carriage/Private Hire Driver's Licence, you can choose to have this medical form completed by your own GP (General Practitioner register (GP)) or by a Doctor (GMC Registered (General Medical Council) Medical Practitioners) of your choice.

If you decide to use a Doctor (GMC Registered (General Medical Council) Medical Practitioners) of your choice you **MUST** first contact your own medical surgery and request a subject access for your medical summary to be released to you. Once you have obtained your medical summary from your own medical surgery (this can take between 28 to 40 days) you must take it with this medical form to the Doctor of your choice. You must state on your medical form which Doctor you have seen and the Surgery or company visited. The Doctor must complete this medical form, stamp with the surgery stamp if they have one, and sign to say they have seen and read your medical summary.

A combined hackney carriage/private hire drivers' licence will not be issued/renewed until a satisfactory medical form has been produced.

The Council recognises that licensed drivers should have more stringent medical standards than those applicable to normal car drivers because they carry members of the public who have expectations of a safe journey; they are on the road for longer hours than most car drivers; and they may have to assist disabled passengers and handle luggage. Therefore, **Group 2 Standards of Medical Fitness, as applied by the DVLA, to the licensing of lorry and bus drivers is required as the appropriate standard for licensed Hackney Carriage and Private Hire drivers.**

A WHAT YOU (the applicant) HAVE TO DO

You can choose to have this medical form completed by your own GP (General Practitioner register (GP)) or by a Doctor (GMC Registered (General Medical Council) Medical Practitioners) of your choice.

If a Doctor of your choice you **MUST** contact your own medical surgery and request a subject access for your medical summary to be released to you. Once you have obtained your medical summary your own medical surgery (this can between 28 to 40 days) you must take it with this medical form to the Doctor of your choice. You must state on your medical form which Doctor you have seen, and the Surgery or company visited.

1. **Before** consulting your GP or Doctor of your Choice please read the notes overleaf at Section C, points 1 – 4. (“Medical standards for a combined Hackney Carriage/Private Hire Driver”). If you have any of these conditions, you **may not** be granted/renewed a licence.
2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your Doctor/Optician **BEFORE** you arrange for a medical to be completed. There is normally a fee for this service. You will be responsible for paying the fee for the examination to the relevant surgery.
3. Complete Sections **8 and 9 on pages 16 and 17** of this report **in the presence of the Doctor carrying out the examination.**
4. The completed Medical report **MUST** be received before a Licence will be issued for both first time applications and renewal applications.
5. **IMPORTANT INFORMATION - THIS MEDICAL FORM CAN BE COMPLETED BY YOUR OWN GP** (General Practitioner register (GP)) or by a Doctor (GMC Registered (General Medical Council) Medical Practitioners) of your choice **AS LONG AS YOU HAVE OBTAINED YOUR MEDICAL SUMMARY FROM YOUR OWN MEDICAL SURGERY, AND THIS HAS BEEN SEEN BY YOUR CHOSEN DOCTOR AND THEY HAVE SIGNED THE FORM TO AGREE THIS.**

B WHAT THE DOCTOR HAS TO DO

1. Please ensure that the applicant is a registered patient at your surgery. If not then please **do not** undertake the medical test, unless the applicant is able to provide you with their up to date medical summary*. Any issues please refer the applicant to the Licensing Office – 01509 634562 or licensing@charnwood.gov.uk.

***The medical summary provided by the applicant must be no more than a month old from when dated.**

2. Please complete sections 1-7 and section 10 of this form. You may find it helpful to consult <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals> entitled “Assessing fitness to drive – a guide for medical professionals”.
3. Applicants who may be asymptomatic at the time of the examination should be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold any type of driving licence, they must inform the Drivers Medical Group, D7, DVLA, Swansea, SA99 1TU - immediately. Contact 01792 782337 or email medadviser@dvla.gsi.gov.uk You can check if a health condition affects your driving using the following link <https://www.gov.uk/health-conditions-and-driving>.
4. **Please ensure that you have completed all the sections.**

5. **Please** stamp the completed medical form with the surgery stamp and sign to say you have seen and read the applicants Medical Summary.

**C MEDICAL STANDARDS FOR A COMBINED HACKNEY CARRIAGE/
PRIVATE HIRE DRIVERS LICENCE**

Charnwood Borough Council will only accept a medical form that is **no more than 3 months old** from the date of issue. Licence Holders must provide written notice to the Licensing Section of any deterioration or other change in their health that may affect their driving capabilities. Such notice **MUST** be given as soon as practical from the moment the person became aware of the deterioration. Where there is any doubt as to the medical fitness of the applicant, the Council may require the applicant to undergo further medical examination at the applicant expense. No licence will be issued until medical clearance has been established.

The following conditions are a bar to the holding of any of these entitlements.

1 EPILEPSY ATTACKS

Applicants must NOT “have a liability to epileptic seizures”. (This means that applicants must have been free of epileptic seizures for at least the last ten years and have not taken anti-epileptic medication during this ten-year period). With such a liability Charnwood Borough Council must refuse or revoke the licence.

2 DIABETES

Insulin treated diabetics **may not** obtain a licence unless the applicant satisfies the criteria relating to insulin dependent diabetes as shown on page 9.

3 EYESIGHT

The law requires that all licensed drivers meet the following eyesight requirements (including drivers aided by prescribed glasses or contact lenses):

- in good daylight, able to read the registration mark fixed to a vehicle registered under current standards
- at a distance of 20 metres with letters and numbers 79mm high by 50mm wide on a car registered since 1 September 2001
or
- at a distance of 20.5 metres with letters and numbers 79mm high by 57mm wide on a car registered before 1 September 2001

and

- the visual acuity must be at least Snellen 6/12 with both eyes open or in the only eye if monocular.

In addition:

- Applicants for hackney carriage or private hire vehicle driving licences must have a visual acuity (using corrective contact lenses where needed) of at least:
- Snellen 6/7.5 (Snellen decimal 0.8) in the better eye

and

- Snellen 6/60 (Snellen decimal 0.1) in the poorer eye
- if glasses are worn to meet the minimum standards, they should have a corrective power not exceeding +8 dioptries in any meridian of either lens.

This may alter for an applicant who has held a hackney carriage/private hire vehicle driving licence (group 2 licence) on 1st March 1992 and those who obtained their first group 2 licence between 2nd March 1992 and 31st December 1996. Please consult the DVLA Medical Guidelines online <https://www.gov.uk/health-conditions-and-driving> or ring the DVLA medical contact number 01792 782337 if you think this may affect you.

Applicants are also barred from holding a hackney carriage or private hire vehicle driving licence if they have:

- uncontrolled diplopia (double vision)
- or do not have a normal binocular field of vision

An applicant (or existing licence holder) failing to meet the epilepsy, diabetes or eyesight regulations must be refused by law.

4 OTHER MEDICAL CONDITIONS

In addition to those medical conditions covered by law, applicants (or licence holders) are likely to be **refused** if they are unable to meet the national recommended guidelines in the following cases:-

- Within 3 months of myocardial infarction, any episode of unstable angina, CABG or, in the case of coronary angioplasty, 6 weeks.
- A significant disturbance of cardiac rhythm occurring within the past 5 years unless special criteria are met
- Suffering from or receiving medication for angina or heart failure
- Hypertension where the BP is persistently 180 systolic or over or 100 diastolic or, over
- A stroke, TIA or unexplained loss of consciousness within the past 5 years
- Meniere's and other conditions causing disabling vertigo, within the past year

- Recent severe head injury with serious continuing after effects, or major brain surgery
- Parkinson's disease, multiple sclerosis or other "chronic" neurological disorders likely to affect limb power and co-ordination
- Suffering from a psychotic illness in the past 3 years, or suffering from dementia
- Alcohol dependency or misuse, or continuing drug or substance misuse or dependency in the past 3 years
- Insuperable difficulty in communicating by telephone in an emergency
- Any other serious medical condition, which may cause problems for road safety when driving a hackney carriage or private hire vehicle.

MEDICAL EXAMINATION REPORT

TO BE COMPLETED BY THE DOCTOR (please use black ink)

Please answer all questions

Please give patient's weight..... (kg/st)
and Height(ft/cms)

Please give details of smoking habits, if
any.....

Please give number of alcohol units taken each
week.....

SECTION 1 - Vision (Please see EYESIGHT NOTES on page 3&4)

1 Please state the visual acuity of each eye.

Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, or 6/60 standard is not met, the applicant may need further assessment by an optician.

UNCORRECTED

Right..... Left.....

CORRECTED (If applicable)

Right..... Left.....

2 Is the visual acuity at least 6/7.5 in the better eye and AT LEAST 6/60 in the other? (Corrective lenses may be worn). YES/NO

3 Do corrective lenses have to be worn to achieve this standard? YES/NO

If Yes – Glasses YES/NO, Contact Lenses YES/NO or both YES/NO

4 If glasses (not contact lenses) are worn for driving, is the corrective power greater than (+) 8 dioptries in any meridian of either lense? YES/NO

5 If correction is worn for driving, is it well tolerated? YES/NO

If No, please give details in SECTION 7

6 Is there a history of any medical condition that my affect the applicants binocular field of vision? (Central and/or peripheral). YES/NO

If YES, please give details in SECTION 7

7	Is there diplopia?	YES/NO
8	Does the applicant have any other ophthalmic condition?	YES/NO
If Yes to 7 or 8, please give details in SECTION 7 and include any relevant documents		
9	Does the applicant, on questioning, report symptoms of intolerance to glare and or impaired contrast, sensitivity and or impaired twilight vision?	YES /NO

SECTION 2 - Nervous System

- | | | |
|--|--|--------|
| 1 | Is there a history of, or evidence of any neurological disorder? | YES/NO |
| 2 | Has the applicant had major or minor epileptic seizures? | YES/NO |
| If YES, please give date of last seizure | | |
| If treated, please give date when treatment ceased..... | | |
| 3 | Is the applicant currently on anti-epileptic medication? | YES/NO |
| 4 | Is there a history of blackout or impaired consciousness within the last 5 years? | YES/NO |
| If YES, please give date(s) and details in SECTION 7 | | |
| 5 | Is there a history of stroke or TIA within the past 5 years? | YES/NO |
| If YES, please give date(s) and details in SECTION 7 | | |
| 6 | Is there a history of sudden disabling dizziness/vertigo within the last year with a liability to recur? | YES/NO |
| If YES, please give date(s) and details in SECTION 7 | | |
| 7 | Does the patient have a pathological sleep disorder? | YES/NO |
| If YES, has it been controlled successfully? | | YES/NO |
| Please give date(s) and details in SECTION 7 | | |
| 8 | Is there a history of a chronic neurological disorder? | YES/NO |
| If YES, please give date(s) and details in SECTION 7 | | |
| 9 | Is there a history of brain surgery? | YES/NO |
| If YES, please give date(s) and details in SECTION 7 | | |

10	Is there a history of serious traumatic brain injury within the last 10 years?	YES/NO
	If YES, please give date(s) and details in SECTION 7	
11	Is there a history of any form of brain tumour?	YES/NO
	If YES, please give date(s) and details in SECTION 7	
12	Is there a history of Parkinson' Disease?	YES/NO
	If YES, please give date(s) and details in SECTION 7	

SECTION 3 - Diabetes Mellitus		
1	Does the applicant have diabetes mellitus?	YES/NO
	If YES, please answer the following questions. If NO, proceed to SECTION 4	
2(a)	Is the diabetes managed by Insulin:	YES/NO
	If YES, please give date started on insulin.....	
	(b) If treated with insulin, are there at least 3 months of blood glucose readings stored on a memory meter(s)	YES/NO
	If No to (b) above, please add further details at Section 7	
2(b)	Is the diabetes managed by:	
	(i) Other injectable treatments?	YES/NO
	(ii) A sulphonylurea or a Glinide?	YES/NO
	(iii) Oral hypoglycaemic agents and diet	YES/NO
	(iv) Diet only	YES/NO
3	Does the applicant test blood glucose at least twice a day?	YES/NO
4	Does the applicant test at times relevant to driving?	YES/NO
5	Does the applicant keep fast acting carbohydrate within easy reach of driving?	YES/NO
6	Is there evidence of	
	(a) Loss of visual field	YES/NO
	(b) Has there been bilateral laser treatment	YES/NO
	(c) Severe peripheral neuropathy	YES/NO
	(d) Significant impairment of limb function or joint position sense	YES/NO
	(e) Significant episodes of hypoglycaemia	YES/NO
	(f) Complete loss of warning symptoms of hypoglycaemia	YES/NO
	If YES to any question in this section, please give details in SECTION 7	

A Guide for Drivers with Insulin Treated Diabetes who wish to apply for a Hackney Carriage or Private Hire Vehicle drivers licence – The Qualifying Conditions which must be met;

- Will not be able to apply until their condition has been stable for a period of at least one month.
- Must regularly monitor their condition by checking their blood glucose levels at least twice daily and at times relevant to driving. A glucose meter with a memory function to measure and record blood glucose levels must be used.
- Must have no other condition which would render them a danger when driving Group 2 vehicles.

Insulin Treated Diabetes

You are reminded that a licensed driver is responsible for informing the licensing section of any changes to their health, which includes diabetes. The Group Two Medical form currently asks if a driver is treated with **tablets or insulin**. **If the answer to either of those questions is yes the driver needs to;**

If diagnosed as requiring treatment by insulin or managed by tablets, which carry a risk of inducing hypoglycaemia, the driver will need to inform the Council as soon as possible and provide **written** confirmation (in addition to this medical report) from their doctor or Diabetic Nurse/Consultant of;

- the date of being diagnosed.
- that there has not been any severe hypoglycaemic event in the previous 12 months.
- the driver has full hypoglycaemic awareness.
- the driver must show adequate control of the condition by regular blood glucose monitoring, at least twice daily and at times relevant to driving.
- the driver must demonstrate an understanding of the risks of hypoglycaemia and there are no other declaring complications of diabetes.
- there are no other declaring complications of diabetes.

Licensees will be required to submit to the Licensing Authority on an **annual basis** the following;

- A complete Group 2 medical report (if over the age of 65) / or a letter from their Doctor or Diabetic Nurse/Consultant confirming that;
 - a) that during the preceding 12 months the licensee has not suffered a hypoglycaemic episode requiring assistance whilst driving; and
 - b) the licensee has a history of responsible diabetic control and is at minimal risk of a hypoglycaemic attack.

The applicant or licence holder must notify DVLA – the applicant can do this by using the “Report your condition online” function on the following page <https://www.gov.uk/diabetes-driving>.

SECTION 4 - Psychiatric Illnesses

- | | | |
|---|---|--------|
| 1 | Has the applicant suffered from or required treatment for a psychosis in the past 3 years? | YES/NO |
| 2 | Has the applicant required treatment for any other psychiatric disorder within the past 6 months? | YES/NO |
| 3 | Is there confirmed evidence of dementia or cognitive impairment? | YES/NO |
| 4 | Is there persistent alcohol misuse in the past 12 months? | YES/NO |
| 5 | Is there a history of alcohol misuse or alcohol dependency in the past 3 years? | YES/NO |
| 6 | Is there persistent drug misuse in the past 12 months? | YES/NO |
| 7 | Is there a history of continuing drug or substance misuse or dependency in the past 3 years? | YES/NO |

If YES to any question in this section, please give details in SECTION 7

SECTION 5 - General

- | | | |
|---|--|--------|
| 1 | Has the applicant currently a significant disability of the spine or limbs which is likely to impair control of the vehicle? | YES/NO |
|---|--|--------|

If YES, please give details in SECTION 7

- | | | |
|---|--|--------|
| 2 | Is there a history of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally? | YES/NO |
|---|--|--------|

If YES, please give dates and diagnosis and state whether there is current evidence of dissemination

.....
.....
.....

- | | | |
|---|-----------------------------------|--------|
| 3 | Is the applicant profoundly deaf? | YES/NO |
|---|-----------------------------------|--------|

If YES, could this be overcome by any means to allow a telephone to be used in an emergency? YES/NO

- | | | |
|---|--|--------|
| 4 | Is there any illness that may cause significant fatigue or Cachexia that affects safe driving? | YES/NO |
| 5 | Does the applicant have a history of liver disease of any origin? | YES/NO |
| 6 | Is there a history of renal failure? | YES/NO |
| 7 | Is there any history of, or evidence of obstructive sleep apnoea syndrome or any other medical condition causing excessive sleepiness? | YES/NO |
| 8 | Does any medication currently taken cause the applicant side effects that could affect safe driving? | YES/NO |
| 9 | Does the applicant have any other medical condition that could affect safe driving? | YES/NO |

If YES to any question in this section, please give details in SECTION 7

SECTION 6 - Cardiac

SECTION A - Coronary Artery Disease

Is there a history of:

- | | | |
|---|---|--------|
| 1 | Myocardial Infarction? | YES/NO |
| | If YES, please give date(s)..... | |
| 2 | Coronary artery bypass graft? | YES/NO |
| | If YES, please give date(s)..... | |
| 3 | Coronary Angioplasty? | YES/NO |
| | If YES, please give date(s)..... | |
| 4 | Any other Coronary artery procedure? | YES/NO |
| | If YES, please give details in SECTION 7 | |
| 5 | Has the applicant suffered from Angina? | YES/NO |
| 6 | Is the applicant still suffering from Angina or only remains angina free by the use of medication? | YES/NO |
| | If YES, please give details in SECTION 7 | |

SECTION B - Cardiac Arrhythmia

1 Has the applicant had a **significant** disturbance of cardiac rhythm, i.e. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in the last 5 years? YES/NO

**If YES, please give details in SECTION 7
If NO, proceed to SECTION C below**

2 Has the arrhythmia been controlled satisfactorily for at least 3 months? YES/NO

If YES, please give details in SECTION 7

3 Has an ICD or biventricular Pacemaker (CRT-D type) been implanted? YES/NO

Please supply date of implantation

4 Is the applicant free of the symptoms that caused the device to be fitted? YES/NO

5 Does the applicant attend a pacemaker clinic regularly? YES/NO

SECTION C - Other Vascular Disorders

1 Is there a history of Aortic aneurysm with a transverse diameter of 5.5cms or more? (Thoracic or abdominal) YES/NO

**If NO, proceed to SECTION D below
If YES, has the aneurysm been successfully repaired? YES/NO**

2 Is there symptomatic peripheral arterial disease? YES/NO

3 Has there been dissection of the Aorta? YES/NO

SECTION D - Blood Pressure

1 Is there a history of hypertension with BP readings consistently greater than 180 mm HG or higher systolic or 100mm HG or more diastolic? YES/NO

**If NO, proceed to SECTION E below
If YES, please supply most recent readings with dates.....**
.....

2 Is the applicant on anti-hypertensive treatment? YES/NO

3 If treated does the medication cause any side effects likely to affect safe driving? YES/NO

SECTION E - Valvular Heart Disease

- 1 Is there a congenital heart disorder? YES/NO
**If YES, is it currently regarded as minor?
Please give details in SECTION 7**
- 2 Is there a history of heart valve disease? YES/NO
If NO, proceed to SECTION F below
- 3 Is there a history of aortic stenosis? YES/NO
**If YES, please give details in SECTION 7
and provide relevant reports**
- 4 Is there any history of embolism? YES/NO
- 5 Does the applicant have significant symptoms? YES/NO
- 6 Has there been any progression since the last licence application? YES/NO

If YES to either question 4, 5 or 6, please give details in SECTION 7

SECTION F - Cardio Other

- 1 Has the applicant suffered from Heart Failure? YES/NO
- 2 Is the applicant **STILL** suffering from Heart Failure or only remains controlled by the use of medication? YES/NO
- 3 Is there established cardiomyopathy? YES/NO
- 4 Has a left ventricular assist device (LVAD) been implanted? YES/NO
- 5 Has there been heart or heart/lung transplant? YES/NO
- 6 Untreated atrial myxoma? YES/NO

If YES to any questions in Section F above please give details in SECTION 7

SECTION G - Cardiac Investigations

- 1 Has a resting ECG been undertaken? YES/NO
If YES, please give date.....
- (a) Does it show pathological Q waves? YES/NO
(b) Does it show Left Bundle branch block? YES/NO
(c) Does it show Right bundle branch block? YES/NO

2	Has an exercise ECG been undertaken (or planned)?	YES/NO
	If YES, please give date	
3	Has an echocardiogram been undertaken (or planned)?	YES/NO
	If Yes, please give date	
	and give details in SECTION 7	
4	Has a coronary angiogram been undertaken (or planned)?	YES/NO
	If YES, please give date	
	and give details in SECTION 7	
5	Has a 24 hour ECG tape been undertaken?	YES/NO
	If YES, please give date	
	and give details in SECTION 7	
6	Has a myocardial perfusion scan or stress echo study been undertaken (or planned)?	YES/NO
	If YES, please give date	
	and give details in SECTION 7	

SECTION 7 - Further Information

You may wish to forward copies of hospital notes/medication separately if you need to provide extra information.

SECTION 7 - Further Information (continued)

SECTION 8 - Applicant Details

Name.....

Date of Birth.....

Address
.....
.....
.....

Home Tel No.....

Work/Daytime No.....

Details of my GP/Surgery registered at;

Name.....

Address
.....
.....

Tel No.....

About your Consultant/Specialist (if applicable);

Consultants name.....

Address
.....
.....

Tel No.....

About **who** has completed your medical ;

Details of Doctor (GMC Registered) seen

GMC Register NUMBER

Company/Surgery Address/
.....
.....
.....

Tel No.....

SECTION 9 – Consent and Declaration

Please read and sign statements below;

I authorise my Doctor(s) and Specialist(s) to release reports to the Charnwood Borough Council about my medical condition.

If not my own GP, I confirm that I have provided my medical summary (no older than 1 month old from date of issue) for consideration alongside this Medical Form.

I authorise Charnwood Borough Council and their representatives to divulge relevant medical information about me to Doctors or Paramedical staff as necessary in the course of medical enquiry(s) into my fitness to drive.

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

I agree that I will provide written notice to the Licensing Authority of any deterioration or other change in my health that may affect my driving capabilities. Such notice **MUST be given as soon as practical from the moment I become aware of the deterioration.**

I understand that where there is any doubt as to my medical fitness, the Council may require me applicant to undergo further medical examination at my own expense.

I will report immediately to the DVLA any significant change/deterioration in my medical condition/current fitness that may affect my driving capabilities.

Signature

Print Name.....

Date.....

SECTION 10 - Medical Practitioner Details

To be completed by Doctor carrying out the examination;

Name.....

Address.....
.....
.....

I have examined the applicant whose details appear on this form, and I am satisfied that ...

- * THEY MEET THE CRITERIA, OR**
- * THEY DO NOT MEET THE CRITERIA**

*** Delete as appropriate**

OF THE Group 2 Standards of Medical Fitness

(As applied by the DVLA, to the licensing of lorry and bus drivers which is required as the appropriate standard for licensed Hackney Carriage and Private Hire drivers.)

...to act as a combined Hackney Carriage/Private Hire Driver.

This applicant is a registered patient at this surgery Yes No
 (please tick)

This applicant is not a registered patient at this surgery. Yes No
I confirm that I have seen and read the applicants (please tick)
Medical summary (and that the summary is no more
than a month old from date of issue)

Signature of Medical Practitioner

Date

Please use surgery stamp in box below;