



CONFIDENTIAL

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

Name of Applicant:

Address:

.....

Date of Birth:

- Note 1:** This **MUST** be completed by a **Doctor registered on the General Medical Board as a practicing doctor registered under the National Health Service,**.
- Note 2:** This Certificate is for the confidential use of the Licensing Authority. Any fee charged is payable direct by the applicant to the Medical Practitioner.
- Note 3:** The standard of acuity of vision must meet DVLA minimum standards, ie 6/9 or better in one eye and no worse than 6/12 in the other, corrected or otherwise.
- Note 4:** Applicants are required to submit a medical certificate on first application, and then at each renewal.

		Reply to be written here:	
1.	Is this applicant to the best of your judgement, subject to epilepsy, (see Note 6), vertigo, sudden attacks of disabling giddiness or fainting or any mental disorder or defect likely to affect his/her efficiency as a driver of Hackney Carriage or Private Hire vehicle?		
2.	Please indicate by deleting 'YES' or 'NO' in column (2) opposite each item below, whether or not the applicant has suffered from or is aware of any tendency to the illness described. If the answer in column (2) is 'YES' give the date in column (3) and some details of the illness in the space at the end of the list.	(2)	(3) Date/Month/Year
(a)	Tuberculosis/Vaccination details	YES/NO	
(b)	Diabetes (if YES, full details of type and treatment are required)	YES/NO	
(c)	Pleurisy or pneumonia	YES/NO	
(d)	Asthma	YES/NO	
(e)	Bronchitis	YES/NO	
(f)	Any other disease of the lungs	YES/NO	
(g)	Rheumatic Fever	YES/NO	
(h)	Rheumatism	YES/NO	
(i)	Arthritis	YES/NO	
(j)	Disease of the nervous system	YES/NO	
(k)	Blackouts	YES/NO	
(l)	Rupture (Hernia)	YES/NO	
(m)	Back strain or disc trouble	YES/NO	
(n)	Any other crippling condition or incapacity	YES/NO	
(o)	Typhoid or hepatitis, dysentery, jaundice	YES/NO	
(p)	Other ailments of stomach, bowels or digestion	YES/NO	
(q)	Any disease of the kidneys or bladder	YES/NO	
(r)	Skin disease or rashes	YES/NO	
<p>Space for details if the answer is 'YES' to any of the above (e.g. period of illness, nature and character of treatment, date of return to work, whether any further attack, etc).</p> <p>.....</p> <p>.....</p> <p>.....</p>			

3.	Does he/she suffer from any heart disorder or defect which might interfere with the efficient performance of his/her duties as a Hackney Carriage or Private Hire driver?	YES/NO	
4.	Is the applicant's blood pressure raised? If so, do you consider that the raised blood pressure or its treatment with drugs would be likely to affect his/her competence as a Hackney Carriage or Private Hire Driver?	YES/NO	
5.	(a) Is there any defect of vision?	YES/NO	
	(b) Give acuity of vision by Snellens Test with and without glasses:-	RE LE without glasses.	
		RE LE with glasses (if applicable).	
	(c) Is the applicant's Binocular Field of vision more than 90 degrees?	YES/NO	
	(d) Does the applicant suffer from double vision or any other visual defect which could affect his fitness to drive a motor vehicle?	YES/NO	
	(e) Do you consider the Applicant should wear glasses when driving?	YES/NO	
6.	Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the applicant's duties as a Hackney Carriage or Private Hire Vehicle driver?	YES/NO	
7.	Has the applicant any deformity, loss of limbs, loss of power, control of sensation in any of the limbs? If so, could it interfere with the efficient performance of his/her duties as a Hackney Carriage or Private Hire vehicle driver.	YES/NO	
8.	Does the applicant show any evidence of being addicted to the use of alcohol and/or drugs, or is there any medical history of this?	YES/NO	
9.	Is there any medical reason why the applicant cannot accept bookings from a passenger who requires the aid of an assistance dog?	YES/NO	
10.	Is the applicant in your opinion generally fit as regards bodily health and temperament, for the duties of a Hackney Carriage or Private Hire vehicle driver?	YES/NO	
11.	Is there any abnormality present that is not included in the above questions?	YES/NO	
12.	Do you consider further examination necessary? If so in what period of time?	YES/NO	
Space for details if the answer is 'YES' to any of the above.			
.....			
.....			

Please return this form to the applicant

I certify that I have this day examined

I am a Doctor registered on the General medical Council and the answers to the foregoing questions are correct to the best of my knowledge and belief.

I consider the applicant **fit/unfit (delete as appropriate) to act as a driver of a hackney carriage or private hire vehicle.**

Name of Medical Practitioner:

GMC registered number:

Signature of Medical Practitioner:

Address:

.....

.....

Postcode:

Telephone No:

Date:

I declare that the answers to the above questions are honest and full and that I am not otherwise aware of any physical or mental disability which will, or may affect my working capacity. I realise that any false or incomplete statement on my part may lead to cancellation of my Licence.

Signature of Applicant: Date:

(To be signed in the presence of the Medical Practitioner signing the certificate).

