APPENDIX THREE:

GROUP II MEDICAL REPORT

HACKNEY CARRIAGE & PRIVATE HIRE (DUAL) DRIVER LICENCE

NOTE FOR MEDICAL PRACTITIONERS:

In completing this Medical Certificate, Medical Practitioners are asked to have regard to the recommendations by the **Medical Commission for Accident Prevention** in their book **"Medical Aspects of Fitness to Drive"**.

You may find it helpful to read **DVLA's "At a Glance"** booklet; downloadable from: **https://www.gov.uk/government/collections/assessing-fitness-to-drive-guide-for-medical-professionals**

Examinations must be carried out in accordance with the Group II Medical Examination guide.

Photographic identification must be provided by the applicant before the examination takes place. This should be in the form of a DVLA Driver Licence Photo-card or a Passport. Please copy the identification document, sign and date it and attach the copy to the Medical Certificate form which will be returned to the Licensing Team by the applicant.

Please ensure that you have obtained permission to access the applicants full medical history before commencement of the examination.

This Certificate is not one which must be issued free of charge as part of the National Health Service. Ashfield District Council accepts no liability to pay for it. Unless any other arrangements have been made for the payment of the fee, the applicant is to pay.

NOTE FOR APPLICANT

The applicant may use his / her own GP for this Medical Examination or alternatively arrangements can be made to use any other Medical Practitioner who can offer a Group II Medical Examination and has written permission to access the applicants medical records.

Photographic identification must be presented to the GP carrying out the examination before the medical takes place i.e. DVLA Driver Licence Photo-card or a Passport.

A Medical Report will not be accepted without a photocopy of the photographic identification produced at the medical, signed and dated by the Medical Examiner.

Should you choose not to use your own GP then written permission to access your medical records will be required by the Medical Practitioner undertaking the examination.

This Group II Medical Certificate requires completing and certifying:

- **On first application for a Hackney Carriage & Private Hire (Dual) Driver Licence.**
- **When reaching the ages of: 45, 50, 55, 60 and 65.**
- **Annually when reaching the age of 65 years old, and on all other occasions required by Council (i.e. where health issues require frequent monitoring).**

  Please note that an application will not be processed without the necessary certified Group II Medical Certificate when such a Certificate is required.

The Department for Transport **"Taxi and Private Hire Vehicle Licensing Best Practice Guidance"** recommends that the **DVLA Group II Medical Standards of Fitness to Drive** are applied to applicants for a Hackney Carriage & Private Hire (Dual) Driver Licence.

This medical guidance is provided for anyone who considers that they may have difficulty in meeting the required standard and who may wish to seek advice from their GP or the DVLA before requesting a medical appointment. The list of medical problems is not exhaustive, but covers those which may lead to refusal.

Epileptic Attack
Applicants must have been free of epileptic seizure for at least the past 10 years and have taken anti-epileptic medication during this period

Diabetes
Applicants who are insulin dependant diabetics will not be considered fit to hold a Hackney Carriage & Private Hire (Dual) Driver Licence unless they meet the DVLA criteria for category C1 licences, and are able to provide a minimum of 3 months blood glucose readings evidencing good management of this health issue.

Eye Sight
In addition to meeting the DVLA licence requirements to read a vehicle number plate, a visual acuity of at least 6/9 in the better eye and 6/12 in the worst eye (with or without glasses or contact lenses) together with a normal binocular field of vision is required.

Other Medical Conditions
Applicants who have had heart problems or disturbance of cardiac rhythm or who have persistent high blood pressure may not meet the required medical standards.

Applicants who have had recent severe head injury or major brain surgery may not meet the required standard.

Any condition, for example, Parkinson's Disease, Multiple Sclerosis or other 'chronic' neurological disorder which is likely to affect limb power and/or co-ordination may not be accepted.

NOTE FOR APPLICANT & MEDICAL PRACTIONER

When completing this Group II Medical Report form please note as to who must complete each Section of the form.

Section A: To be completed by the Applicant.

Section B: To be completed by the Medical Examiner.

Section C: To be completed by the Applicant.

Please remember to complete questions 1 – 13, and to sign and date the declaration and consent, before you attend your appointment with the Medical Practitioner.

All 6 pages of this document must be returned to the Licensing Team when providing your Group II Medical Report to the Council.

ASHFIELD DISTRICT COUNCIL

GROUP II MEDICAL CERTIFICATE:

HACKNEY CARRIAGE & PRIVATE HIRE (DUAL) DRIVER LICENCE

A. APPLICANTS DETAILS (to be completed by the applicant)

FULL NAME: _____

ADDRESS: _____

_____

_____ POSTCODE: _____

CONTACT TEL. NO.: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

HC & PH (DUAL) DRIVER LICENCE NO. (BADGE): _____

PLEASE PROVIDE THE DETAILS OF THE DOCTOR AND THE SURGERY WITH WHOM YOU ARE REGISTERED.

DOCTOR'S NAME: _____

SURGERY ADDRESS: _____

_____

_____

_____ POSTCODE: _____

SURGERY TEL. NO.: _____

PLEASE PROVIDE DETAILS OF ALL MEDICATIONS YOU ARE CURRENTLY TAKING, AND THE HEALTH REASONS AS TO WHY SUCH MEDICATIONS ARE BEING TAKEN:

NAME OF MEDICATION	HEALTH REASON FOR TAKING MEDICATION

B. MEDICAL EXAMINER (to be completed by the Medical Examiner)

MEDICAL EXAMINERS DETAILS (IF DIFFERENT TO THOSE LISTED IN SECTION A)

DOCTOR'S NAME: _____

SURGERY ADDRESS: _____

_____

_____

_____ POSTCODE: _____

SURGERY TEL. NO.: _____

PLEASE ENTER YOUR PRACTICE STAMP IN THE SPACE PROVIDED BELOW

RECOMMENDATION OF MEDICAL EXAMINER (please tick the applicable box):

I certify that I have this day examined, in accordance with the Group II Medical guidance, the applicant who in my professional opinion is:

Medically fit to drive taxis? YES ☐ NO ☐

DECLARATION OF MEDICAL EXAMINER (please tick the applicable boxes)

The applicant has provided photographic identification, a copy of which I have signed & dated and attached to this report. YES ☐ NO ☐

The applicant has provided me with written authorisation to access their medical history to assist me undertake this medical examination. YES ☐ NO ☐

Signature: _____ Date: _____

Being the Medical Examiner carrying out this Group II Medical Examination

C. HEALTH SELF-DECLARATION (to be completed by the applicant)

Please circle either YES or No as applicable

1. MEDICATION		
Are you receiving any prescribed medication?	**YES**	**NO**
*If you have answered **YES**, please take details of all of your medications to the Group II Medical Examination in order that the Doctor can assess your application.*		

2. VISION		
Do you wear spectacles or contact lenses for driving?	**YES**	**NO**
Do you have any other visual disorder? (such as glaucoma)	**YES**	**NO**

3. BRAIN AND NERVOUS SYSTEM		
Have you ever suffered from or been treated for the following condition(s)?		
Epilepsy	**YES**	**NO**
Sudden & disabling dizziness/vertigo	**YES**	**NO**
Stroke or TIA (Transient Ischemic Attack)	**YES**	**NO**
Serious head injury	**YES**	**NO**
Brain surgery	**YES**	**NO**
Chronic Neurological Disorder e.g. Parkinson's ,Multiple Sclerosis	**YES**	**NO**

4. DIABETES MELLITUS ("SUGAR DIABETES")		
Do you have diabetes?	**YES**	**NO**
If you have answered Yes, how do you manage it?		
Diet alone	**YES**	**NO**
Diet and tablets	**YES**	**NO**
Insulin injections	**YES**	**NO**

5. HEART AND CIRCULATION		
Have you ever suffered from or been treated for the following condition(s)?		
High blood pressure	**YES**	**NO**
Angina (chest pain when exercising)	**YES**	**NO**
Myocardial infarction (a heart attack)	**YES**	**NO**
Palpitations	**YES**	**NO**
Peripheral vascular disease (poor circulation)	**YES**	**NO**
Congenital heart disease (for example, a hole in the heart)	**YES**	**NO**

6. SLEEP AND BREATHING DISORDERS		
Do you suffer with obstructive sleep apnoea?	**YES**	**NO**

7. MOBILITY		
Do you have any problems with arthritis, neck or back pain?	**YES**	**NO**

8. DISABILITY		
Are you registered as being disabled?	**YES**	**NO**
Are you disabled in any way?	**YES**	**NO**

9. Psychiatric illnesses and dependency		
Have you ever received medical attention or treatment for a psychiatric illness? (for example anxiety, depression)	**YES**	**NO**
Have you ever been dependent upon alcohol or drugs?	**YES**	**NO**

10. Hearing		
Do you have any impairment of hearing? (for example, do you wear a hearing aid?)	**YES**	**NO**

11. Hospital Treatment		
Have you been treated in hospital in the last five years?	**YES**	**NO**
*If you have answered **YES**, please bring details of your treatment to the medical*		

12. DVLA		
Have you ever needed to report a health concern to the DVLA?	**YES**	**NO**
Has the DVLA ever placed restrictions on your DVLA Driver Licence due to problems with your health?	**YES**	**NO**

13. General		
Have you ever suffered from or been treated for the following condition(s)?		
Chest trouble (chronic bronchitis, asthma, tuberculosis)	**YES**	**NO**
Stomach trouble (ulcer, colitis)	**YES**	**NO**
Have you any other medical condition that could affect safe driving?	**YES**	**NO**
If you have answered **Yes** please provide details below:		

Declaration and consent (applicant):

- **I confirm that the information I have provided is accurate, and that I have not withheld any material details relating to my health.**
- **I understand that knowingly providing false information may render me liable to prosecution.**
- **I authorise the doctor completing this report to provide an opinion to the Licensing Authority of my health in relation to the standards required to hold a Hackney Carriage & Private Hire (Dual) Driver Licence.**
- **I authorise the doctor to retain and store this information in a manner consistent with the Data Protection Act.**
- **I authorise that the doctor (where this is not my GP) can have access to my medical records to assist him/her in determining my suitability to pass a Group II Medical Examination.**

Signed: _____ **Dated:** _____