

Licensing Unit
Cannock Chase District Council
Civic Centre
P O Box 28
Beecroft Road
Cannock
Staffs
WS11 1BG

Dear Doctor

**Re: Hackney Carriage/Private Hire Driver's Licence
Medical Certification of Applicants**

Your patient has applied for a Hackney Carriage/Private Hire Drivers' Licence. The relevant Licensing Authority requires such drivers to meet the Group 2 Medical Standards as defined by the DVLA. CHC Medical Limited conducts medical assessments for this purpose at the request of the Licensing Authority. The assessment is normally based on a physical examination and the applicant's self-declaration of health and past medical history.

We however, also require that a General Practitioner report into current and past medical history (as relevant to the Group 2 DVLA Medical Standards) this is used as an obligatory part of a driver's initial medical assessment, to augment and complete the driver's own health declaration.

To assist with this, a questionnaire about their medical history has been provided to the applicant with this letter, so that they can meet their need for a GP report simply by asking you to complete and authenticate their questionnaire on their behalf. The questionnaire can be returned to their possession, and it will be up to them to take it to their appointment and make it available to us, if they so wish.

Although the applicant must provide a medical report from you to meet our requirements, it will be their personal responsibility to pay your fee, should you require one, for completing the questionnaire on their behalf.

Yours faithfully

Sean O'Meara
Senior Licensing Officer

CONFIDENTIAL
MEDICAL QUESTIONNAIRE
GP RECORD OF HEALTH - FITNESS TO DRIVE ASSESSMENT

FOR THE APPLICANT:

Please complete the section below, giving your personal details, and the details of your General Practitioner:

Applicant's Name: (block capitals)

Date of Birth

Applicant's Address:

.....

Your General Practitioner's Name and Address:

..... Tel:

Please then take this form to your GP and ask him/her to answer the questions below. You must take the completed form with you when you attend your medical assessment at the Occupational Health Unit/CHC Medical Limited.

The Occupational Health Unit/CHC Medical Limited will keep this form as a confidential medical record. No details will be disclosed unless you give permission. After the examination you will be given a certificate to take back to the Licensing Authority, saying whether or not you meet the medical standard.

FOR THE GENERAL PRACTITIONER:

Please answer all the following questions about your patient's health. The aim is to identify any medical history or condition that might affect their ability to meet the Group 2 Medical Standard defined by the DVLA. If further information is necessary to amplify an answer, then please use the Additional Information section at the end of this document.

It would be appreciated if you could sign each separate page after completion, and authenticate the signature with your practice stamp.

Please list all current medication that your patient is taking.

Signed: Date:
(Please authenticate with your Practice Stamp)

QUESTION	YES	NO
Has your patient reported any effects from their current medication that in your opinion could impair their fitness to drive?		
Are you aware of any ophthalmic or other condition that could affect your patient's vision, visual fields or visual fitness to drive?		
Has your patient complained of any problems with balance or co-ordination that could affect their ability to drive safely?		
Does your patient have any history of epilepsy?		
Does your patient have any history of sudden loss of consciousness or altered level of consciousness?		
Does your patient have any history of severe head injury?		
Does your patient have any history of brain tumour?		
Does your patient have any history of brain surgery?		
Does your patient have any history of a malignancy with a significant liability to metastasise cerebrally?		
Does your patient have any history of narcolepsy or cataplexy?		
Does your patient have any history of sleep apnoea?		
Does your patient have any history of dementia or cognitive impairment?		
Does your patient have any history of chronic neurological disorders, such as Parkinson's or Multiple Sclerosis?		
Does your patient have any history of CVA/TIA?		
Does your patient have any history of cardiovascular disease or abnormality?		
Does your patient have any history of cardiac arrhythmia?		
Does your patient have any history of hypertension?		
Does your patient have any history of peripheral vascular disease?		
Does your patient have any history of diabetes?		
Does your patient have any history of significant psychiatric disorder within the last 6 months?		
Does your patient have any history of psychotic illness?		
Does your patient have any history of misuse of drugs, alcohol or prescribed medication?		
Does your patient have any history of dependency on drugs, alcohol or prescribed medication?		
Are you aware of any psychiatric or behavioural problem that could give rise to concern about your patient acting in a position of trust and in relative isolation, with people who could be vulnerable?		

Signed: Date:
(Please authenticate with your Practice Stamp)

QUESTION	YES	NO
Are you aware of any other medical condition in your patient's past or current history that in your view might significantly reduce their ability to drive safely and effectively?		

ADDITIONAL INFORMATION:

Signed: Date:

Name: Qualifications:
(Please authenticate with your Practice Stamp)

MEDICAL QUESTIONNAIRE
SELF-DECLARATION OF HEALTH – FITNESS TO DRIVE ASSESSMENT

Please complete the questions below.

NAME: (block capitals)

Date of Birth:.....

Your GP's Name and Address:.....

..... Tel:.....

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS (if you cannot do so then you will need to check with your GP to ensure that what you answer is correct).

NOTE

You must declare **all** illnesses you have suffered and declare and list all the current drugs, medicines or tablets that you take as prescribed by a doctor or bought for and taken by yourself:

QUESTION	YES	NO
Do any drugs, medicines, tablets or other treatments that you take regularly or at the moment cause you any side effects that might affect your driving?		
Do you smoke?		
If you do smoke , how many do you smoke each day, on average?		
Do you drink alcohol?		
If you do drink , how many units do you drink in a week, on average? (one = half a pint, a glass of wine or a measure of spirits)		
How much do you weigh (in kilograms)?		
How tall are you (in metres)?		
(For OHU use only – BMI calculation = wt(kg)/ht ² (m ²)		
Do you have any problems with your vision or your eyes, other than just the simple need to wear glasses?		
Do you wear glasses or lenses to drive?		

QUESTION	YES	NO
If you wear glasses/lenses , has it been more than two years since you last had your prescription checked and if necessary corrected?		
If you wear glasses/lenses , do you have any problem or discomfort with wearing your glasses for driving for long periods?		
If you do not wear glasses/lenses , has an optician ever recommended that you should use glasses or lenses to drive?		
Do you suffer from double vision?		
Have you ever had any form of epileptic attack?		
Have you had any sort of blackout or suffered an impairment of consciousness within the last 5 years?		
Have you ever been told you suffer from narcolepsy or cataplexy?		
Have you ever had a stroke or a mini-stroke (TIA)?		
Have you suffered sudden and troublesome dizziness or vertigo?		
Have you ever been told you have had a subarachnoid haemorrhage?		
Have you had any serious head injuries in the past?		
Have you ever had any form of tumour in the brain?		
Have you ever had surgery on the brain?		
Have you ever been diagnosed with any disease of the nervous system, such as Parkinson's Disease or Multiple Sclerosis?		
Have you ever been diagnosed or investigated for dementia or problems with thought and memory?		
Have you had any mental health problems over the past 6 months for which you have needed any form of treatment from a doctor?		
Have you ever suffered from a psychotic illness such as schizophrenia or manic depression?		
Are you currently on any medication or any other treatment for a mental health problem such as anxiety or depression?		
Have you regularly misused any drugs, alcohol or prescribed medicines at any time during the last 12 months?		
Have you ever been addicted to any drugs, alcohol or prescribed medicines at any point over the last 3 years?		
Have you ever suffered from angina?		
Have you ever suffered from heart failure?		
Have you ever had a myocardial infarction (heart attack)?		
Have you ever had any form of surgery on your heart?		
Have you ever had any tests or treatment for blocked arteries in your heart?		
Have you ever had a heart or heart/lung transplant?		
Do you suffer from disturbed or irregular heart beat?		

QUESTION	YES	NO
Have you ever been investigated or treated for disturbed or irregular heart beat?		
Are you on any treatment no for irregular heart beat?		
Have you ever been fitted with a cardiac defibrillator or a cardiac pacemaker?		
Do you have any diseases affecting your arteries or your circulation?		
Have you ever been diagnosed or treated for aortic aneurysm?		
Have you ever needed surgery on any of your arteries for a tear or a rupture?		
Have you ever been told that you have a heart murmur?		
Have you ever been told that there is anything wrong with any of your heart valves?		
Were you ever told that your heart was not normal when you were born?		
Have you ever been told that you suffer from cardiomyopathy (an enlarged heart)?		
Have you ever suffered illness as a result of an embolism (blood clot moving around your body and causing damage)?		
Have you ever had any tests or investigations conducted on your heart (such as an angiogram, exercise ECG, echocardiogram or other heart scan)?		
Have you ever been told you have hypertension (high blood pressure)?		
Are you currently on any treatment for high blood pressure?		
Do you suffer from diabetes?		
Do you have any problem with your spine, neck, limbs or joints that significantly affects your mobility or your control of a vehicle?		
Have you ever suffered from cancer?		
Do you have any hearing problems?		
Have you ever had any liver or kidney disease?		
Have you ever been told that you suffer from sleep apnoea syndrome?		
Do you have any health problem affecting your lungs or breathing to the extent that it stops you from doing anything?		
Do you suffer from any allergies to animals?		
Do you suffer from any other current or ongoing problem that has in the past, or could again, come to affect your ability to drive safely, or that could lead to concern from passengers about your ability to drive safely?		
Do you have any concern about your own medical fitness to drive that you would like to discuss with an occupational health adviser?		

DECLARATION:

I certify that the statements I have made above are correct and complete to the best of my knowledge and belief. I understand that the medical assessment of my fitness to drive will be based on the information I have provided about my health above, and any that I provide during my subsequent medical examination. I accept full responsibility for the accuracy and completeness of the information I provide about my health and fitness, including my responsibility for any consequences of my providing inaccurate or incomplete information. I understand that the issue of any licence or permission to drive by the Council as the Licensing Authority for whom this medical assessment has been conducted, depends on the accuracy of the information I give.

I understand that any licence or permission to drive issued will be on the basis of the health information I have provided above, and will therefore be subject to my health not changing materially between now and the date of my next medical review. I accept that it is my responsibility to notify the Council as Licensing Authority, if my health changes, particularly if any change would lead to my having to give a different answer to any of the questions above. I am aware of and accept my full responsibility for any consequences of my failing to notify such a change in my health status.

Signed:..... Date:.....

CANNOCK CHASE COUNCIL

HACKNEY CARRIAGE/PRIVATE HIRE DRIVERS' LICENCE

MEDICAL CERTIFICATION OF APPLICANTS

The Council, as the Licensing Authority, has decided that those wishing to drive a hackney carriage or private hire vehicle must be medically fit before the issue of a licence. The Council has arranged with CHC Medical Limited will act as the Licensing Authority's alternative Medical Advisor.

CHC Medical Limited will apply the same standards as are required by Passenger Carrying Vehicle (PCV)/ Large Goods Vehicles (LGV) drivers, in assessing the medical fitness of applicants. The standards for taxi/private hire drivers are advised in the document "At a Glance Guide to the Current Medical Standards of Fitness to Drive" for Medical Practitioners, published by the Drivers Medical Group, DVLA, Swansea.

The procedure when applying for a licence is detailed below:-

New Drivers:

Step 1.

- a) On application, you will be given a letter from CHC Medical Limited to take to your General Practitioner. This letter has a short questionnaire about your medical record.

Please take this letter to your doctor and ask him to complete the questionnaire.

The General Practitioner may require a fee for this service.

It is your responsibility to pay this fee.

- b) A personal questionnaire will also be given to you. Please complete it fully, giving details where asked and sign the document after you have read the declaration on the last page. If you do not fill in the document properly, it may be that your licence application will be delayed.

Step 2.

Phone the **CHC Medical Limited on (01543) 422558** ask for an appointment for a taxi/private hire licence medical. The medical advisor will endeavour to give you an appointment as soon as possible. It may NOT be possible to give you an appointment at your convenience. **When you go to the appointment, TAKE WITH YOU:**

- (i) the completed form from your Medical Practitioner.
- (ii) The fee payable for your medical assessment, please enquire as to the amount payable when you call to make your appointment
- (iii) your personal questionnaire, already filled in.
- (iv) Your photographs, which will be verified and authenticated by CHC Medical Limited.

Please go to Step 3.

Existing Drivers:

Step 1. A Self Declaration of Health form should be obtained from Reception at The Civic Centre, Beecroft Road, Cannock and completed by the Applicant. Please complete it fully, giving details if asked, and sign the document after you have read the declaration on the last page. If you do not fill in the document properly, it may be that your licence application will be delayed.

Phone **CHC Medical Limited on (01543) 422558** ask for an appointment for a taxi/private hire licence medical. The medical advisor will endeavour to give you an appointment as soon as possible. It may NOT be possible to give you an appointment at your convenience. **When you go to the appointment, TAKE WITH YOU:**

- (i) The fee payable for your medical assessment, please enquire as to the amount payable when you call to make your appointment
- (ii) Your personal questionnaire, already filled in.
- (iii) Your photograph, which will be verified and authenticated by CHC Medical Limited.

Please go to Step 3.

Step 3. NEW & EXISTING DRIVERS

You will be asked to undergo a medical examination, which will contain special tests relevant for taxi driving. After the examination, you will normally be given a statement or certificate to take back to the Licensing Authority saying whether you are fit or not.

A fee is payable for this examination, which will be collected when you attend your appointment.

Please note that you are unlikely to meet the DVLA Group 2 standard if you are/have/have had:

INSULIN DEPENDANT DIABETIC.

MONOCULAR VISION (no sight in one eye will have had squint/lazy eye as a child).

EPILEPTIC will need to be seizure free for ten years without medication.

HEART ATTACK will need to have had an exercise ECG test before being permitted to drive. If suffering from Coronary Heart Disease, will be required to have repeat testing at regular intervals not to exceed three years.

STROKE (CVA/TIA) licence refused or revoked for one year after stroke or TIA. After one year, if there are no residual effects likely to impair driving, an exercise ECG will be required.

SLEEP APNOEA regular normal annual licence review required. Confirmation of ongoing compliance with treatment confirmed by consultant report will be required.