

# Certificate of Medical Examination

These criteria are based on the Vocational Licence Group 2 guidelines issued by the DVLA and the Medical Commission for Accident Prevention.

Patients who should be regarded as unfit to hold a licence to drive a taxi or private hire car include those with:

## 1. Visual Acuity

- visual acuity less than  $\frac{6}{9}$  in the better eye and  $\frac{6}{12}$  in the other eye with corrective lenses including contact lenses if worn
- uncorrected visual acuity, without the use of spectacles and contact lenses, worse than  $\frac{3}{60}$  in either eye separately
- monocular vision or visual field defect
- uncontrolled diplopia

*A patient who held a licence before 1 April 1991 but who does not meet the standard in the first bullet point above, may also still qualify for a licence due to 'Grandfather' rights. See Group 2 Guidelines.*

## 2. Nervous System

Any progressive or persistently disabling disorder of the nervous system, for example

- a liability to epileptic seizures except where there have been no fits for 10 years and no anti-epileptic medication used for 10 years and specialist assessment confirms no continuing liability to seizures
- a history of blackouts or recurring episodes of altered consciousness other than simple syncope except where the person is symptom free for 5 years and judged fit to drive following specialist assessment
- a history of transient ischaemia, stroke or vertebrobasilar insufficiency except where recovery has been complete and free of recurrence for 5 years and specialist assessment shows no exceptional risk of recurrence
- a history of recurring Menieres disease except where the person is symptom free for at least a year
- a history of disabling Multiple Sclerosis or Parkinsonism
- a history of major brain surgery
- a history of serious head injury except where specialist assessment has demonstrated fitness to drive
- profound deafness or profound speech impairment preventing communication by telephone in an emergency
- unexplained syncope or disabling vertigo except where the person has undergone specialist evaluation and is symptom free for at least 1 year.

## 3. Diabetes

- diabetes requiring insulin treatment that do not meet the guidelines
- significant diabetic retinopathy, peripheral neuropathy, impairment of limb function or joint position sense (whether insulin treated or not)
- previous episodes of hypoglycaemia.

#### **4. Psychiatric Illness**

- a history of psychosis or treatment for a psychotic illness within the last 3 years or a manic or hypomanic illness or treatment for such a condition within the past 3 years
- a mental disorder requiring treatment with psychotropic medication within the last 6 months except where applicant meets national recommended guidelines
- a history of dementia
- any history of alcohol dependency in the last 3 years
- any history of drug or substance misuse or dependency in the last 1-3 years dependent on drug involved.

#### **5. Musculoskeletal System**

Any impaired function of the spine or any limb which is likely to interfere with the efficient discharge of his/her duties as a vocational driver.

#### **6. Malignant Growths**

Any history of malignant intracranial tumour in adult life.

#### **7. Other Conditions**

Any other condition which may affect fitness to drive. It must be stressed that the conditions covered by specific questions on the medical report form cannot be an exhaustive list of those which may affect fitness to drive. In an acute form, almost any medical condition may be a relevant disability. Attention is particularly drawn to the risks associated with progressive conditions, such as are mentioned in sections 2, 3, 4 above, and 8 below.

#### **8. Cardiac**

##### **a) Coronary Artery Disease**

- history of myocardial infarction, coronary artery bypass grafting or coronary angioplasty except where exercise testing confirms that the person is able to meet national recommended guidelines
- the presence of angina or continued treatment for angina except where applicant meets national recommended guidelines

##### **b) Cardiac Arrhythmia**

- arrhythmia causing or likely to cause incapacity
- insertion of pacemaker except where that person is able to meet national recommended guidelines.

##### **c) Aortic Aneurysm**

- except when it has been satisfactorily repaired and there is no other disqualifying condition

##### **d) resting blood pressure consistently 180mmHg systolic or more and/or 100mmHg diastolic or more, or where medication causes side effects which may interfere with driving**

##### **e) a history of heart valve surgery, or heart valve disease in last 5 years with a history of**

- cerebral ischaemia
- embolism
- arrhythmia
- persisting LV or RV hypertrophy or dilation

##### **f) dilated cardiomegaly or hypertrophic cardiomyopathy, heart transplant or cardiac surgery complex congenital heart anomalies before or after surgical repair except where applicant meets national recommended guidelines.**

#### **THIS LIST IS FOR ADVICE ONLY AND IS NOT EXHAUSTIVE**

Applying the above criteria will allow a decision on fitness to drive a taxi or private hire vehicle to be made in the majority of cases. However, where there is still doubt the doctor should discuss individual applicants with a Department of Transport Medical Adviser. This service is available by ringing (01792) 783686.

**MEDICAL EXAMINATION - TO BE COMPLETED BY THE DOCTOR**

Please give patient's weight \_\_\_\_\_ (kg/st) and height \_\_\_\_\_ (cms/ft)

Give details of smoking habits, if any \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS**

**SECTION 1 – VISION**

**Visual acuities must be measured by Snellen chart, using spectacles or contact lenses if required. If in doubt, please refer to local optician for assessment.**

- a) Is the visual acuity, as measured by the Snellen chart, **at least**  $\frac{6}{9}$  in the better eye and **at least**  $\frac{6}{12}$  in the other? (corrective lenses may be worn). YES  NO
- b) Do corrective lenses have to be worn to achieve this standard? YES  NO
- i) if **YES**, is the **uncorrected** acuity **at least**  $\frac{3}{60}$  in the **right** eye? YES  NO
- ii) is the **uncorrected** acuity **at least**  $\frac{3}{60}$  in the **left** eye? YES  NO
- iii) is the correction well tolerated? YES  NO
- c) Please state all the visual acuities for the applicant:
- | <b>Uncorrected</b>   |                      | <b>Corrected (if applicable)</b> |                      |
|----------------------|----------------------|----------------------------------|----------------------|
| Right                | Left                 | Right                            | Left                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/> |
- d) Is there a full binocular field of vision? (central and/or peripheral) YES  NO   
*if NO, and there is a visual field defect please give details.*
- e) Is there uncontrolled diplopia? YES  NO

**SECTION 2 - NERVOUS SYSTEM**

- a) Has the applicant had major or minor epileptic seizures? YES  NO
- b) Is there a history of blackout or impaired consciousness within the last 5 years? YES  NO
- c) Is there a history of stroke, or TIA, within the past 5 years? YES  NO
- d) Is there a history of sudden disabling dizziness or vertigo within the last 1 year? YES  NO
- e) Does the patient have a pathological sleep disorder? YES  NO
- f) Is there a history of chronic and/or progressive neurological disorder? YES  NO
- g) Is there a history of brain surgery? YES  NO
- h) Is there a history of serious head injury? YES  NO
- i) Is there a history of brain tumour, either benign or malignant, primary or secondary? YES  NO

*(If you have answered YES to any question in Section 2, please give date(s) and details in Section 11 on page 7 of this report.)*

### SECTION 3 - DIABETES MELLITUS

- a) Does the applicant have diabetes mellitus? If 'YES' please answer the following questions. If 'NO' go to Section 4. YES  NO
- b) Is the diabetes managed by:
- Insulin? (If YES please give date started on insulin) YES  NO
  - oral hypoglycaemic agents and diet? YES  NO
  - diet only? YES  NO
- c) Is the control of the diabetes unsatisfactory? YES  NO
- d) Is there evidence of:
- loss of visual field? YES  NO
  - has there been bilateral laser treatment (If YES please give date) YES  NO
  - severe peripheral neuropathy? YES  NO
  - significant impairment of limb function or joint position sense? YES  NO
  - episodes of hypoglycaemia? YES  NO
  - complete loss of warning symptoms of hypoglycaemia? YES  NO

### SECTION 4 - PSYCHIATRIC ILLNESS

- a) Has the applicant suffered from or required treatment for psychosis in the past 3 years? YES  NO
- b) Has the applicant required treatment for any other psychiatric disorder within the past 6 months? YES  NO
- c) Is there confirmed evidence of dementia? YES  NO
- d) Is there a history of alcohol misuse or alcohol dependency in the last 3 years? YES  NO
- e) Is there a history of continuing drug or substance misuse or dependency in the last 3 years? YES  NO
- (If YES to questions a, b, d or e, please give details in Section 11)*

### SECTION 5 - MUSCULOSKELETAL SYSTEM

- a) Has the applicant a significant disability of the spine which is likely to interfere with the efficient discharge of his/her duties as a vocational driver? YES  NO
- b) Has the applicant any deformity, loss of limbs or parts of limbs, or physical disability (with special attention paid to the condition of the arms, legs, hands and joints) which is likely to interfere with the efficient discharge of his/her duties as a taxi/private hire driver? YES  NO
- (If YES to questions a or b please give details in Section 11)*

### SECTION 6 - MALIGNANT GROWTHS

- 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)*

**SECTION 7 - OTHER CONDITIONS**

- a) Does the applicant suffer from any other disease or physical disability not mentioned above, which is likely to interfere with the efficient discharge of his/her duties as a driver or to cause the driving by him/her of a licensed vehicle to be a source of danger to the public? **YES**  **NO**   
*(If YES, please give details in Section 11)*
- b) Is there any serious defect of hearing or speech impairment preventing adequate communication by telephone? **YES**  **NO**

**SECTION 8 – CARDIAC**

**A. Coronary Artery Disease**

**Is there a history of, or evidence of:**

- Myocardial Infarction? *(If YES please give date(s))* **YES**  **NO**
- Coronary artery by-pass graft? *(If YES please give date(s))* **YES**  **NO**
- Coronary angioplasty? *(If YES please give date(s))* **YES**  **NO**
- Any other coronary artery procedure *(If YES please give details in Section 11)* **YES**  **NO**
- Has the applicant suffered from angina? **YES**  **NO**
- Is the applicant **still** suffering from angina or only remains angina free by the use of medication? **YES**  **NO**
- Has the applicant suffered from heart failure? **YES**  **NO**
- Is the applicant **still** suffering from heart failure or only remains controlled by the use of medication? **YES**  **NO**
- Has a resting ECG been undertaken? *(If YES please give date)* **YES**  **NO**
- Does it show pathological Q waves? **YES**  **NO**
- Does it show left bundle branch block? **YES**  **NO**
- Has an exercise ECG been undertaken or planned? *(If YES please give date)* **YES**  **NO**
- Has an angiogram been undertaken or planned? *(If YES please give date and give details in Section 11)* **YES**  **NO**

**B. Cardiac Arrhythmia**

- Has the applicant had a significant documented disturbance of cardiac rhythm within the past 5 years? *(If YES please give details in Section 11. If NO proceed to section C overleaf)* **YES**  **NO**
- Has the arrhythmia, or its medication, caused symptoms of sudden dizziness or impairment of consciousness or any symptom likely to distract attention during driving within the past 2 years? **YES**  **NO**
- Has echocardiography been undertaken? *(If YES please give details in Section 11)* **YES**  **NO**
- Has an exercise test been undertaken? *(If YES please give details in Section 11)* **YES**  **NO**
- Has a cardiac defibrillator been implanted or anti-ventricular tachycardia device been fitted? **YES**  **NO**
- Has a pacemaker been implanted? *(If NO proceed to Section C overleaf)* **YES**  **NO**
- If YES was it implanted to prevent bradycardia? **YES**  **NO**
- Is the applicant now free of sudden and/or disabling symptoms? **YES**  **NO**
- Does the applicant attend a pacemaker clinic regularly? **YES**  **NO**

**C. Other Vascular Disorders**

- Is there a history of aortic aneurysm with a transverse diameter of 5cms or more? (thoracic or abdominal) *If NO proceed to Section D* YES  NO   
*If YES has the aneurysm been successfully repaired?* YES  NO
- Is there symptomatic peripheral arterial disease? YES  NO
- Has there been dissection of the aorta? YES  NO

**D. Blood Pressure**

- Is there a history of hypertension with BP readings consistently greater than 180 systolic or 100 diastolic? *(If YES please supply most recent readings with dates)* YES  NO


- Is medication required? YES  NO
- If YES does the medication cause any side effects likely to affect safe driving, for example, giddiness, fainting, lack of alertness or fatigue? YES  NO

**E. Valvular Heart Disease**

- Is there a history of valvular heart disease with or without surgery? *If NO proceed to Section F* YES  NO
- Is there a history of embolism? YES  NO
- Is there a history of arrhythmia – intermittent or persistent? YES  NO
- Is there persistent dilatation or hypertrophy of either ventricle? *(If YES please give details in Section 11)* YES  NO

**F. Cardiomyopathy**

- Is there established cardiomyopathy? YES  NO
- Has there been a heart or heart/lung transplant? *(If YES please give details in Section 11)* YES  NO

**G. Congenital Heart Disorders**

- Is there a congenital heart disorder? *(If YES please give details in Section 11)* YES  NO
- If YES is it currently regarded as minor? YES  NO
- Is the patient in care of a specialist clinic? *(If YES please give details in Section 11)* YES  NO

**SECTION 9 – ALLERGY/EXPOSURE TO DOGS**

- a) Does the applicant have a medical condition which is aggravated by exposure to dogs? *(If YES please give details in Section 11)* YES  NO
- b) Is the applicant's medical condition so severe that he/she should be exempt from carrying dogs in his/her taxi if:
  - (i) there is no fixed partition between driver and passenger? YES  NO
  - (ii) there is a fixed partition between driver and passenger? YES  NO

**SECTION 10 – PHYSICAL ABILITY**

a) Does the applicant have the physical strength to load/unload heavy suitcases/bags or other equipment? **YES**  **NO**

b) Where the applicant has to drive a wheelchair accessible taxi/private hire vehicle, does (s)he have the physical strength to load/unload a wheelchair bound passenger via a short ramp system? **YES**  **NO**

**SECTION 11 - FURTHER INFORMATION**

(please continue on separate sheet if necessary)

**SECTION 12 - FOR APPLICANT**

- 1. THIS CERTIFICATE IS NOT ONE WHICH MUST BE ISSUED FREE OF CHARGE AS PART OF THE NATIONAL HEALTH SERVICE.**
- 2. PLEASE NOTE THAT SOUTH HOLLAND DISTRICT COUNCIL IS NOT LIABLE FOR THE PAYMENT OF ANY MEDICAL EXAMINATION FEES - THESE ARE THE SOLE RESPONSIBILITY OF THE APPLICANT.**

**IMPORTANT**

**You must only sign this when you are with the Doctor who will be filling in this report**  
**Complete in BLOCK CAPITALS please**

Your full name
Your address
Post code

Date of birth	
Home Telephone	
Work/Daytime Phone	

**CONSENT AND DECLARATION. PLEASE SIGN STATEMENTS BELOW**

**I authorise** my Doctor(s) and Specialist(s) to release reports to South Holland District Council about my medical condition.

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

Signature

Date

**SECTION 13 - FOR THE DOCTOR**

This form must only be completed by the following:

- The applicant's Doctor who has a full knowledge of his/her medical history

**I CERTIFY THAT:**

- I have full knowledge of the applicants past medical history and
- I have this day examined the applicant, who has signed this form in my presence and who in my opinion is **FIT/UNFIT** \*to drive a taxi or private hire vehicle.

\* Delete as necessary

Signature of the Doctor

Date:

**Surgery Stamp**

Name (IN CAPITALS)
Address
Post Code
Telephone:

**IF YOU NEED ANY INFORMATION BEFORE COMPLETING THIS FORM, PLEASE CONTACT THE SENIOR ENVIRONMENTAL HEALTH OFFICER, SOUTH HOLLAND DISTRICT COUNCIL, COUNCIL OFFICES, PRIORY ROAD, SPALDING, LINCS PE11 2XE**

**TELEPHONE: 01775 761161  
FAX: 01775 711054**

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