

OXFORD CITY COUNCIL - TAXI LICENSING

MEDICAL REPORT

Hackney Carriage and Private Hire Drivers

THE MEDICAL EXAMINATION MUST BE CARRIED OUT BY YOUR G.P. OR A MEMBER OF THE MEDICAL PRACTICE WHO HAS ACCESS TO YOUR MEDICAL RECORDS.

A. What you have to do:-

1. Before consulting your doctor you must read the notes at C below. If you have any of these conditions you may not be granted a licence
2. If you have any doubts about your ability to meet the medical standards, consult your Doctor before you arrange for this medical form to be completed. The Doctor will charge you for completing it but should not charge more than the charge for DVLA Group 2 medical. In the event of your application being refused, the fee you pay the Doctor is not refundable. Oxford City Council has no responsibility for the fee payable to the Doctor.
3. Fill in **Section 9** of this report in the presence of the Doctor carrying out the examination.
4. For new applicants this report, together with your application, must be submitted to Oxford City Council within 4 months of the Doctor signing the report, For existing licence holders, this report must not be dated more than 4 months before your licence is due to expire.

B. What the Doctor has to do:-

1. Unless special arrangements have been made through the Taxi Licensing Office you must be a member of the practice holding the applicant's medical records. Please arrange for a full medical examination undertaken, applying the same standards as the DVLA apply to PCV/LGV drivers (Group 2)
2. Fill in **Section 1 - 8** of this report. You may find it helpful to consult the DVLA's "At a Glance" booklet. Alternatively, up to date standards can be obtained of the DVLA website: www.dvla.gov.uk.
3. Applicants who may be asymptomatic at the time of the examination should be advised that, if in future symptoms of a medical condition develop, likely to affect safe driving, and a Driver's Licence is held, the Taxi Licensing Office, Oxford City Council, should be informed immediately.
4. Please ensure that you have completed all the sections, written the applicants name at the bottom of each page and included your surgery/practice stamp

C. Group 2: Medical Standards for HCV and PHV Drivers:-

Standards for HCV and PHV drivers are higher than for car drivers. Specific conditions that are a bar to obtaining or holding a hackney carriage or private hire driving licence are as follows:

1. **Epilepsy / Seizures** - an applicant must: Have been free of epileptic attacks for the last ten years, have not taken any anti-epileptic medication during this ten year period, and not have a continuing liability to epileptic seizures.

In cases where that has been an "**Isolated Seizure**" – an applicant must: Have been free of epileptic attacks for the last five years, have not taken any anti-epileptic medication during this five year period, have undergone a recent assessment by a Neurologist, and have satisfactory results from the Neurologists investigation.

2. **Diabetes:** New applicants and existing licensed drivers with insulin treated diabetes may apply / continue to drive under following conditions:
 - i. You must have had no episodes of hypoglycaemia which have required assistance of another person within the last 12 months.
 - ii. You have full awareness and demonstrate an understanding of the risks of hypoglycaemia.
 - iii. You regularly monitor your blood glucose at least twice a day and at times relevant to your driving (no more than 2 hours before the start of the first journey and every 2 hours whilst driving), using a glucose meter with a memory function to measure and record blood glucose levels.

- iv. Every 12 months, you will need to arrange to be medically examined. At the time of this examination, the doctor will need to review your blood glucose records for the previous 3-month period.
 - v. The cost of the examination is to be met by the licence holder.
 - vi. You must have no other debarring complications of diabetes such as a visual field defect.
3. **Eyesight:** All drivers, for whatever category of vehicle, must be able to read a registration mark fixed to a motor vehicle and containing letters and figures 79 millimetres high and 50 millimetres at a distance of 20 metres, or at a distance of 20.5 metres where the characters are 79 millimetres high and 57 millimetres wide and, if glasses or contact lenses are required to do so, these must be worn while driving.

In addition, an applicant who has not held a vocational Driver's licence before must by law have:

- a) Must be able to meet the above prescribed standard for reading a number-plate. In addition, the visual acuity (with the aid of glasses or contact lenses if worn) must be at least 6/12 (Snellen, decimal 0.5) with both eyes open, or in the only eye if monocular.
- b) Drivers must have a visual acuity, using corrective lenses if necessary, of at least 6/7.5 (0.8 decimal) in the better eye and at least 6/60 (Snellen, decimal 0.1) in the other eye.
- c) Where glasses are worn to meet the minimum standards, they should have a corrective power $\leq +8$ dioptries.

Further information can be obtained by contacting the Drivers Medical Unit, DVLC, Swansea, SA99 1TU, or telephone 01792 304000, about the requirements, informing the unit that the Council's standards are those set out for DVLA Group 2 vocational licences.

An applicant or licence holder failing to meet the epilepsy, diabetes or eyesight regulations must be refused in law from obtaining a Vocational Driver's Licence.

4. In addition to those medical conditions covered by law, an applicant or licence holder is likely to be refused if he/she is unable to meet the national recommended guidelines in cases of:-
- within 3 months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty
 - a significant disturbance of cardiac rhythm occurring within the past 5 years unless special criteria are met
 - suffering from or being treated for angina or heart failure
 - established 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 diseases causing disabling vertigo, within the past 2 years
 - 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
 - being treated for or suffering a psychotic or schizophrenic illness in the past 3 years, or suffering from dementia
 - alcohol dependency or continued misuse, or illicit drug or substance dependency or use in the past 3 years
 - serious difficulty in communicating by telephone in an emergency
 - insuperable diplopia, pathological visual field defect or loss of normal binocular field of vision
 - any other serious medical condition which may cause problems for road safety and HC and PH driving

MEDICAL EXAMINATION:

to be completed by the Doctor

(Please answer all questions).

Section 1	Vision	YES	NO								
a.	Is the visual acuity as measured by the Snellen chart at least 6/12 (Snellen, decimal 0.5) with both eyes open, or in the only eye if monocular.										
b.	Is the visual acuity, using corrective lenses if necessary, of at least 6/7.5 (Snellen, decimal 0.8) in the better eye and at least 6/60 (Snellen, decimal 0.1) in the other eye.										
c.	If corrective lenses (including glasses) have to be worn to achieve this standard, is the corrective power $\leq +8$ dioptres.										
d.	Please state all the visual acuities for all applicants measured										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">UNCORRECTED</th> <th colspan="2" style="text-align: left;">CORRECTED</th> </tr> </thead> <tbody> <tr> <td style="width: 25%;">Left:</td> <td style="width: 25%;">Right:</td> <td style="width: 25%;">Left:</td> <td style="width: 25%;">Right:</td> </tr> </tbody> </table>	UNCORRECTED		CORRECTED		Left:	Right:	Left:	Right:		
UNCORRECTED		CORRECTED									
Left:	Right:	Left:	Right:								
e.	If there is no degree of vision whatsoever in one eye, on what date did the applicant become monocular or develop sight in one eye only?										
f.	Is there documented evidence of a pathological field defect e.g. hemianopia, scotoma or quadrantanopia										
g.	Is there uncontrolled diplopia										
h.	Is there full binocular field of vision on confrontation										
Section 2	Nervous System	YES	NO								
a.	Has the applicant a 'liability to epileptic seizures'?										
b.	Does the applicant suffer from epilepsy?										
c.	Is there a history of a sudden and disabling episode or episodes of unexplained impaired consciousness within the past 5 years?										
d.	Is there a history of stroke, TIA or vertebrobasilar insufficiency within the past 5 years?										
e.	Is there a history of uncontrolled Meniere's disease or other causes of sudden disabling vertigo within the last 2 years?										
f.	Is there evidence, with documented signs of neurological or cognitive impairment, of multiple sclerosis?										
g.	Is there Parkinson's Disease or other muscle or Movement disorder likely to affect vehicle control?										
h.	Is there a history of brain surgery since the last licence was issued?										
i.	Is there a history of serious head injury associated with an intra-cerebral haematoma or compound depressed skull fracture since the last licence was issued?										
	<i>(Note: in the case of a first applicant for licence please answer h or i above).</i>										
j.	Is there a history of brain tumour, either benign or malignant, primary or secondary?										
Section 3	Diabetes Mellitus	YES	NO								
	Does the applicant have diabetes mellitus? (if "no" please proceed to Section 4)										
	If YES please answer the following.										
a.	Is the diabetes managed by Insulin? If "YES", date started on insulin										
b.	If treated with insulin, are there at least 3 months of blood glucose readings stored on a memory meter? If "NO", please provide further details (at the end of the Report)										
c.	Other injectable treatments?										
d.	A Sulphonylurea or a Glinide?										
e.	Oral hypoglycaemic agents and diet? If "YES" please provide further details (at the end of Report)										
f.	Diet only?										
g.	Does the applicant test blood glucose at least twice daily?										
h.	Does the applicant test at times relevant to driving?										
i.	Does the applicant keep fast acting carbohydrate within easy reach when driving?										
j.	Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?										
k.	Is there any evidence of impaired awareness of hypoglycaemia?										
l.	Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?										
m.	Is there evidence of either a loss of visual field and / or severe peripheral neuropathy, sufficient to impair limb function for safe driving? If "YES" please provide further details (at the end of the Report)										
n.	Has there been laser treatment or intra-vitreous treatment for retinopathy? If "YES" please provide details of date(s) of treatment (at the end of the Report)										

PLEASE TURN OVER

Section 4		Psychiatric Illness	YES	NO
a.	Has the applicant suffered or required treatment for a psychotic illness in the past 3 years			
b.	Has the applicant required treatment for a psychoneurotic disorder with psychotropic medication within the past 6 months? (If "yes" please answer below)			
i)	does the medication cause side effects likely to affect driving ability?			
ii)	is the condition stable or resolved?			
c.	Is there confirmed evidence of dementia?			
d.	In the past 3 years has there been:			
i)	a history of continued alcohol abuse or alcohol dependency?			
ii)	a history of illicit drug or substance use or dependency?			
	If you have answered "yes" to either i) or ii) above, please provide dates/details of alcohol intake or type of illicit drug, treatment and compliance with advice (below)			
Section 5		General	YES	NO
a.	Has the applicant a significant disability of the spine or limbs which is likely to interfere with the efficient discharge of his/her duties as a vocational driver?			
b.	Is there a history within the past two years of bronchogenic or other malignant tumour with a significant liability to metastasise Cerebrally?			
	If YES, please give dates and diagnosis and state whether there is current evidence of dissemination (below)			
c.	Is there serious difficulty preventing adequate communication by telephone in an emergency?			
Section 6		Cardiac	YES	NO
a.	Coronary artery disease: Is there a history, or evidence of:			
i)	angina pectoris or heart failure (whether or not maintained symptom free by the use of medication)			
ii)	myocardial infarction/any episode of unstable angina			
iii)	Coronary artery by pass graft (CABG)/coronary angioplasty?			
	If YES to i, ii, or iii please give details/dates (below)			
b.	Has a resting ECG been performed previously			
c.	If you have answered YES for the above question, did it show pathological Q waves present in 3 leads or more, or left bundle branch block?			
d.	Please enter the date that the ECG was performed (if you have answered YES to the above questions) (Note: an ECG does not need to be performed for this examination)			
e.	Other vascular disorders: Is there a history, or evidence of:			
i)	Aortic aneurysm, thoracic or abdominal, with a transverse diameter of 5cm or more (whether or not it has been repaired)?			
ii)	Confirmed symptomatic peripheral arterial disease?			
iii)	Any other significant vascular disorder (ie. Marfans)?			
f.	Cardiac arrhythmia and heart block: Is there a history, or evidence, of:			
i)	significant disturbance of cardiac rhythm within the past 5 years If yes, please give details (below)?			
ii)	pacemaker or cardioverter defibrillator insertion?			
g.	Is the resting blood pressure consistently 180 systolic or more and/or 100 diastolic or more?			
h.	Is there a history, or evidence, of acquired valvular heart disease, with or without heart valve replacement?			
j.	Is there a history, or evidence, of established cardiomyopathy, heart or lung transplant, cardiac surgery other than above, or significant congenital heart disorder?			

PLEASE TURN OVER

Section 8 Medical Practitioner Details

To be completed by Doctor carrying out the examination who must be the applicant's general practitioner or a member of the Group Practice holding the applicant's medical records.

About your GP/Group Practice

Name _____
Address _____

Tel _____

SURGERY STAMP

<p>Section 8B Medical Practitioner Certification (to be completed by Doctor carrying out examination)</p> <p>I certify that I have today examined the applicant in Section 8 of this Report and in my opinion the applicant is FIT / UNFIT * to drive Hackney Carriage or Private Hire Vehicles. <i>*delete as necessary</i></p> <p>NAME</p> <p>SIGNATURE</p> <p>DATE</p>
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The Applicant's Consultant/Specialist (If applicable)

Consultant's Name _____
Address _____

Tel _____
Date Last Seen _____

This part to be completed by applicant in the presence of the Medical Practitioner carrying out the examination

Section 9 Applicant Details

ABOUT YOU (the applicant)

Your Name _____
Address _____

Date of Birth _____
Phone Numbers _____

This section MUST be completed and must NOT be altered in any way

Consent and Declaration

You should be aware that if you have knowingly given false information in this examination you are liable to Prosecution

Please sign the statement below:

I declare that I have checked the details I have given and that to the best of my knowledge and belief they are correct. If a medical condition is declared I authorise my Doctor(s) and Specialist(s) to release reports to Oxford City Council's Medical Adviser about my condition.

Signature

Date

PLEASE REMEMBER TO SIGN AND DATE THIS FORM