

## Hackney Carriage and Private Hire Vehicle Driver Medical Certificate

### Guidance Sheet

The Medical Certificate is the method by which the Licensing Authority is advised that the applicant is medically fit to drive hackney carriage and private hire vehicles. Applicants must be examined and certified as being medically fit by **their own General Practitioner or another General Practitioner in the practice with which they are registered and must take into account previous medical history. Another registered Medical Practitioner may complete the form but they must have had access to the applicant's medical records or the Medical Certificate will not be accepted.** The Council may require a further examination or referrals following receipt of this initial certification.

This Medical Certificate is not one which must be issued free of charge as part of the National Health Service. The Council accepts no liability to pay for it. Any fee charged is payable directly by the applicant to the Medical Practitioner, unless any other arrangements have been made for the payment of the fee. The applicant is to pay for the first and any subsequent medicals or referral examinations.

This certificate is for the confidential use of the Licensing Authority and other relevant public bodies.

In completing this Medical Certificate, Medical Practitioners **MUST** have regard to the current edition of the booklet "*At a Glance Guide to the Current Medical Standards of Fitness to Drive*" issued by the Drivers Medical Group, DVLA, Swansea. This can be viewed on-line at:  
<http://www.dft.gov.uk/dvla/medical/ata glance>

**PLEASE NOTE THAT THE LICENSING AUTHORITY REQUIRES ALL APPLICANTS TO MEET THE GROUP 2 STANDARDS.** These standards apply to drivers of passenger carrying vehicles and are considerably higher than those of private car drivers. It is suggested that applicants that are unsure about their ability to meet the medical or eyesight standards consult their doctor/optician before they arrange for the medical form to be completed. Your doctor will normally charge you for completing the medical form. In the event of your application being refused, the fee you pay to the doctor is NOT refundable. The Local Authority has NO responsibility for the fee payable to the doctor.

A Medical Certificate is required for:

- All first applications for a hackney carriage / private hire licence.
- Those applying to renew their hackney carriage / private hire licence on or after the age of 45 years (and then every five years until the age of 65).
- Those applying to renew their hackney carriage / private hire licence from the age of 65 years will be required to complete a medical certificate annually.

The Medical Certificate is valid for a period of **28 days** after your doctor has signed the report.

**Applications for a hackney carriage / private hire licence will not be accepted unless a current medical certificate is submitted which has been correctly completed, stamped with the surgery's official stamp and signed by the doctor carrying out the medical.**

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<http://www.dft.gov.uk/dvla/medical/ataglance>

Please note that the licensing authority requires all applicants to meet the Group 2 Standards.

### PART 1 - TO BE COMPLETED BY THE APPLICANT

#### APPLICANT DETAILS AND CONSENT

Applicants are required to complete this section.

#### APPLICANT'S PERSONAL DETAILS

Name	
Address	
Postcode	
Date of Birth	
Telephone No. Home	
Mobile No.	
E-mail	
Badge No (if applicable)	

Applicant's Name  DOB

**MEDICAL PRACTITIONER DETAILS (Where the applicant is registered)**

GP Name	
Practice Name	
Practice Address	
Postcode	
Telephone Number	

How long have you been registered with this practice?	
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**APPLICANT'S CONSENT AND DECLARATION**

This section **MUST** be completed and **NOT** altered in any way. Applicants **MUST** sign the statement below.

**I authorise** my doctor to release reports to the City and County of Swansea, Taxi Licensing Division, about my medical condition.

**I declare** that I am giving a correct account of my medical health to the best of my knowledge.

<b>Applicant's Signature</b>	
<b>Date</b>	

**Applicant's Name**  **DOB**

# PART 2 - TO BE COMPLETED BY THE DOCTOR

## THE MEDICAL EXAMINATION

This section is to be completed by the Doctor completing the Medical Certificate. Please use black ink.

**MEDICAL PRACTITIONER DETAILS**

Your Name	
Practice Name	
Practice Address	
Postcode	
Telephone Number	

**DECLARATION BY MEDICAL PRACTITIONER**

I certify that I have today examined \_\_\_\_\_ and who has signed this form in my presence.

***Please tick one of the following***

I confirm that I am the applicant's General Practitioner.....

I am a General Practitioner at the practice where the applicant is registered.....

I am a General Practitioner who has had full access to the applicant's medical records and these were consulted during this examination.....

Please give applicant's weight (kg)		Please give applicant's height (cms)	
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Is the applicant a smoker?    Yes                       No

**Applicant's Name**     **DOB**

Having consulted the current edition of the “At a Glance Guide to the Current Medical Standards of Fitness to Drive” issued by the Drivers Medical Group, DVLA, Swansea, please complete the table below.

Disorder	Has the applicant ever had an issue falling under this category? * <i>Please delete as appropriate</i>	Does the applicant meet the Group 2 Standards? <i>Please delete as appropriate</i>
Neurological Disorders	Yes / No	Yes / No
Cardiovascular Disorders	Yes / No	Yes / No
Diabetes Mellitus	Yes / No	Yes / No
Psychiatric Disorders	Yes / No	Yes / No
Drug Misuse & Dependence	Yes / No	Yes / No
Alcohol Misuse & Dependence	Yes / No	Yes / No
Visual Disorders	Yes / No	Yes / No
Renal Disorders	Yes / No	Yes / No
Other Miscellaneous Conditions	Yes / No	Yes / No
Disabled Drivers	Yes / No	Yes / No

**\* If you answered yes to any of these questions, please confirm in the additional information section on page 8 whether or not the applicant has satisfied all the qualifying conditions/tests set out in the Group 2 Standards. Please include details of any consultant reports/tests or other monitoring which you used to undertake the assessment.**

The Licensing Authority also requires the following questions to be answered

Additional Questions	Response <i>Delete as appropriate</i>
Is the applicant able to perform relevant tasks associated with being a hackney or private hire driver, including the ability to provide reasonable assistance to passengers and the loading of luggage and wheelchairs? If the answer is no, please give details in the additional information section on page 8.	Yes / No
Does the applicant have a medical condition, which is aggravated by exposure to dogs? If yes, is it so severe that the Council should grant the applicant an exemption from carrying dogs in their vehicle? If the answer is yes, please give details in the additional information section on page 8.	Yes / No
Do you consider that any further medical examination is necessary? If the answer is yes, please give details in the additional information section on page 8.	Yes / No

**Applicant's Name**  **DOB**

I, being a registered Medical Practitioner who has examined the applicant and with due regard to the advice and guidance appertaining to Group 2 Drivers set out in the current edition of the "At a Glance Guide to the Current Medical Standards of Fitness to Drive", issued by the DVLA, consider that the applicant:

**Please tick one of the following**

a) Meets the DVLA's Group 2 Medical Standards of Fitness to Drive and is fit to drive a hackney carriage and/or private hire vehicles.....

**Or**

b) Does **not** meet the DVLA's Group 2 Medical Standards of Fitness to Drive and is not fit to drive a hackney carriage and/or private hire vehicles.....

If you certified that the applicant does not meet the Group 2 Standard please provide further information (if appropriate) in the additional information section on page 8.

**Signed** (General Practitioner) \_\_\_\_\_

**Name** (Block Capitals) \_\_\_\_\_

**Date** \_\_\_\_\_

SURGERY STAMP*
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*\* Please note that the form will not be accepted if the surgery stamp is not present.*

<b>Applicant's Name</b>	<input type="text"/>	<b>DOB</b>	<input type="text"/>
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**Additional Information**

If any question requires additional information please use this space.  
If necessary please attach additional sheets.

If additional sheets are used please note on this sheet how many additional pages are attached.

*File reference: j:licflare/taxi/medical form  
Last revision date: July 2016*

**Applicant's Name**  **DOB**