



CONFIDENTIAL

MEDICAL CERTIFICATE ASSOCIATED WITH APPLICATION FOR A LICENCE TO DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE

Name of Applicant.....Date of Birth.....

Address.....

This certificate is for the confidential use of the Licensing Authority and should be completed by a qualified medical practitioner. Any fee charged is payable direct by the applicant to the medical practitioner.

Eyesight testing

- a. A minimum visual acuity and with glasses or contact lenses if required, of 6/9 in the better eye and 6/12 in the worse eye.
- b. Minimum uncorrected visual acuity of 3/60 (which means the applicant must be able to clearly see from 3 metres, what a person with normal vision can see from 60 metres).
- c. A normal field of vision in both eyes.

Special attention is directed to the condition of the arms, hands, legs and particularly to the joints of the upper and lower extremities.

	Reply to be written in this column
1. Is the applicant to the best of your judgement subject to epilepsy, vertigo, sudden attacks of disabling giddiness or fainting or any mental disorder or defect likely to affect the applicant's efficiency as a driver of a hackney carriage or private hire vehicle?	
2. Is there evidence of, or a history of the applicant suffering from any heart or lung disorder or defect which might interfere with the efficient performance of the duties of a hackney carriage or private hire driver?	
3. Are the blood pressure readings- both systolic and diastolic – normal, having regard to the applicant's age? If not, do you consider that the abnormal blood pressure would be likely to affect the applicant's competence as a hackney carriage or private hire vehicle driver?	Please give today's readings.

<p>4. (a) Is there any defect of vision? If yes, please give information as detailed above.</p> <p>(b) Also give acuity of vision by Snellens Test type with and without glasses and answer the following:-</p> <p>(i) Was the test conducted with the applicants own glasses, or</p> <p>(ii) Have suitable glasses been prescribed?</p> <p>(iii) Do you consider that the applicant should wear glasses when driving?</p> <p>(iv) Is the applicant's field of vision by hand test satisfactory?</p> <p>(v) Is the colour vision normal?</p> <p>(vi) Does the applicant suffer from a squint or any other visual defect which could affect fitness to drive a motor vehicle?</p> <p>(vii) Could any visual defect observed be sufficiently corrected to make the applicant fit to drive a hackney carriage or private hire vehicle?</p>	<p>(a)</p> <p>(b) R.E.....L.E..... without glasses</p> <p>R.E.....L.E..... with glasses (if applies)</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p> <p>(iv)</p> <p>(v)</p> <p>(vi)</p> <p>(vii)</p>
<p>5. Is there any history or evidence of any of the following conditions:</p> <p>(i) significant psychotic disorder within the past 6 months;</p> <p>(ii) psychotic illness with the past 3 years including psychotic depression;</p> <p>(iii) dementia or cognitive impairment.</p>	
<p>6. Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the applicant's duties as hackney carriage or private hire vehicle driver?</p>	
<p>7. Has the applicant any deformity or loss of limbs? If so, could it interfere with the efficient performance of the applicant's duties as a hackney carriage or private hire driver?</p>	
<p>8. Is the applicant sufficiently active for the performance of the duties of a hackney carriage or private hire driver?</p>	
<p>9. Is there any history or evidence of sleep apnoea syndrome, narcolepsy, cataplexy or any other medical condition causing excessive daytime sleepiness?</p>	
<p>10. Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs? Is there any history or evidence of alcohol or drug dependency in the past 3 years or persistent alcohol or drug misuse in the past 12 months?</p>	

<p>11. (i) Does the applicant have diabetes? If YES, is it managed by: A) Insulin (specify date started on insulin) B) Oral Hypoglycaemic agents & diet, or C) Managed by diet alone</p> <p>(ii) Does the applicant test blood glucose at least twice every day? Is the test carried out at times relevant for driving?</p> <p>(iii) Does the applicant carry a fast acting carbohydrate in the vehicle when driving?</p> <p>(iv) In the past 12 months, has the applicant suffered a hypoglycaemic episode requiring the assistance of another whilst driving?</p> <p>(v) Please confirm that the applicant has a history of responsible diabetic control and is at minimal risk of a hypoglycaemic attack resulting in incapacity.</p> <p>(vi) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?</p>	<p>Yes/No</p> <p>Insulin / Oral & Diet / Diet (please delete as necessary)</p> <p>(Date started).....(Insulin only)</p> <p>(ii)</p> <p>(iii)</p> <p>.....</p> <p>(iv)</p> <p>.....</p> <p>.....</p>
<p>12. Does any medication currently taken cause side effects that could affect safe driving?</p>	
<p>13. Is the applicant in your opinion generally fit as regards (a) bodily health and (b) temperament, for the duties of a hackney carriage or private hire vehicle driver?</p>	
<p>14. Is there any abnormality present that is not included in the above questions?</p>	
<p>15. Do you consider further examination necessary? If so, in what period of time?</p>	

To: **Licensing Officer, Blaby District Council, Council Offices, Desford Road, Narborough, Leicester, LE19 2EP.**

I certify that I have this day examined.....
 The answers to the foregoing questions are correct to the best of my knowledge and belief.

Signature of qualified and Registered Medical Practitioner.....

Address/Practice stamp.....

Date.....

The applicant is now required to complete Declaration 1 or Declaration 2 below;

Declaration 1 – to be completed **by the applicant** (except those with Insulin Treated Diabetes)

I(print applicants name) certify that I have read and agree to the following declaration which I understand is an obligation I must abide by during the validity of my Private Hire/Hackney Carriage Drivers Licence with Blaby District Council;

- **I will immediately notify the Licensing Authority if I am diagnosed with Insulin Treated Diabetes whilst licensed as a Private Hire/Hackney Carriage Driver or any other illness that will affect my ability to drive a vehicle.**

Signed

Dated

Declaration 2 – to be completed **by the applicant** with Insulin Treated Diabetes

I(print applicants name) certify that I have read and agree to the following declaration which I understand is an obligation I must abide by during the validity of my Private Hire/Hackney Carriage Drivers Licence with Blaby District Council;

- **I will comply with the directions given to me by the doctor supervising my treatment,**
- **I will immediately report to the Licensing Authority, in writing, any significant change in my diabetic condition, and**
- **I will provide to the Licensing Authority, as and when necessary, evidence that blood glucose monitoring is being undertaken at least twice daily, and at times relevant to driving a Hackney or Private Hire vehicle, during employment.**

Signed

Dated

Privacy Notice

The personal information you supply to Blaby District Council in this form will be processed in accordance with the General data Protection Regulation (GDPR) and the Data Protection Act 2018 (when in force). We may share this information with other council departments, local authorities, government departments or law enforcement organisations to improve service delivery or for the prevention or detection of crime and fraud where the law allows this. Further information on how we handle your personal information can be found on the Data Protection Notice on our website at <https://www.blaby.gov.uk/your-council/data-security-and-access/data-protection-privacy-notice/>