

MEDICAL REPORT – NOTES

APPLICATION FOR HACKNEY CARRIAGE OR PRIVATE HIRE DRIVER'S LICENCE

(Please hand these notes and examination form to your Doctor)

All medicals must be completed by a General Practitioner at your registered surgery/practice. Your Doctor will be required to confirm that they have sight of your medical records.

This form is required to be completed for all new applicants for hackney carriage or private hire driver's licences, then every five years until you are 63 years old, then at 63, 65 and annually thereafter. The Council may also request a medical examination where they are satisfied that a condition has arisen which may affect the person's physical fitness to hold a licence.

A What you have to do

1. Before arranging for this medical report to be completed please read the notes at section C, paragraphs 1,2,3,4 and 5 (Group 2 Medical Standards). If you have any of these conditions you may not be granted a licence.
2. If, after reading the notes, you have any doubts about your ability to meet the medical standards, consult your Doctor and/or Optician **before** you arrange for this medical report to be completed. In the event of your application being refused, the fee you pay your Doctor is not refundable. Winchester City Council has no responsibility for the fee payable to your Doctor.
3. The notes below ("Medical Standards for Hackney Carriage and Private Hire Drivers") may help you.
4. In future, if you develop symptoms of a condition that could affect safe driving (see the notes at section C below), you must inform the Council's Licensing Team immediately.
5. Sections 8 and 9 must be completed by you in the presence of the Doctor.

B What your Doctor has to do

1. Please arrange for your patient to be seen and for a full examination to be undertaken.
2. Please complete **pages 5 to 11 inclusive and all of section 10** on page 12 of this report, having regard to the most recent BMA "Notes for Guidance" for Doctors conducting these examinations. The most recent edition of the Medical Commission for Accident Prevention's booklet "Medical Aspects of Fitness to Drive" (1985 edition) should be consulted in association with the latest edition of the Driver & Vehicle Licensing Agency's publication "At a Glance Guide to the Current Medical Standards of Fitness to Drive" (available on the DVLA's website at: <http://www.dft.gov.uk/dvla/medical/ataglance.aspx>).
3. Applicants who may be symptom free at the time of the examination should be advised that, if, in future, they develop symptoms of a medical condition which could affect safe driving, and a hackney carriage or private hire driver's licence is held, Winchester City Council's licensing team must be informed immediately.

C Medical Standards for Hackney Carriage or Private Hire Drivers

Standards for hackney carriage or private hire drivers, as vocational drivers, are higher than those for ordinary car drivers. In line with recommended good practice, the Council will expect licensed drivers to meet the Group 2 vocational driver standards. Specific medical conditions which will be a bar to obtaining or holding a hackney carriage or private hire driver's licence are as follows: -

1. Epilepsy or liability to epileptic attacks

A diagnosis of epilepsy or spontaneous epileptic attack(s) requires 10 years free of further epileptic attack without taking anti-epilepsy medication during that 10-year period. For conditions that cause an increased liability to epileptic attacks, the risk of attacks must fall to that of the general population. The City Council will refuse or revoke the licence if these conditions cannot be met.

2. Diabetes

Drivers with insulin treated diabetes may **not** obtain a licence **unless** they held a hackney carriage or private hire driver's licence valid at 1 April 1991 and the Council's licensing team had knowledge of the insulin treatment before 1 January 1991. If you have any condition other than insulin treated diabetes your Doctor should be able to advise you if you meet the relevant higher medical standards. Please refer to the section "Other Medical Conditions" in this report.

3. Eyesight

All applicants must be able to read in good light with glasses or corrective lenses if necessary, a number plate at 20.5 metres (67 feet) or 20 metres (65 feet), where narrower characters are displayed (50 mm wide). The characters displayed on all new and replacement number plates manufactured from September 2001 are 50 mm in width instead of 57 mm. and, if glasses or contact lenses are required to do so, these must be worn while driving. In addition: -

Visual Acuity

(i) Applicants must have: -

- ◆ * a visual acuity of at least 6/9 in the better eye; and
- ◆ * a visual acuity of at least 6/12 in the worse eye; and
- ◆ * If these are achieved by correction the **uncorrected** visual acuity in each eye must be no less than 3/60.

An applicant who held a Winchester hackney carriage or private hire driver's licence before 1st January 1997 and who has uncorrected visual acuity of less than 3/60 in only one eye may be able to meet the required standard.

An applicant who held a hackney carriage or private hire driver's licence before 1st March 1992 but who does not meet the standard in (i) above **may** still qualify for a licence. Please contact the licensing team if you require further information.

(ii) Normal binocular field of vision

The second E.C. Directive requires a normal binocular field of vision for Group 2 Drivers.

(iii) Monocular vision

Drivers who have monocular vision will not meet the Group 2 standard.

(iv) Uncontrolled symptoms of double vision

Uncontrolled symptoms of double vision preclude licensing. As monocularity is a bar, the treatment for double vision with a patch will not meet the Group 2 standard.

Please note that a failure to meet the epilepsy, diabetes or eyesight requirements will normally result in the refusal of an application.

4. Other Medical Conditions

In addition to those medical conditions mentioned above, an applicant or licence holder is likely to be refused if they are unable to meet the national recommended guidelines in cases of:-

- ◆ * Within six weeks of myocardial infarction, an episode of unstable angina, CABG or coronary angioplasty.
- ◆ * Angina, heart failure, or cardiac arrhythmia which remains uncontrolled.
- ◆ Implanted cardiac defibrillator.
- ◆ * Hypertension where the blood pressure is persistently 180 systolic or more or 100 diastolic or more.
- ◆ * A stroke or TIA within the last 12 months.
- ◆ Unexplained loss of consciousness with liability to recurrence.
- ◆ * Meniere's and other sudden and disabling vertigo, within the last 12 months, with a liability to recurrence.
- ◆ Insuperable difficulty in communicating by telephone in an emergency.
- ◆ * Major brain surgery and/or recent severe head injury with serious continuing after effects.
- ◆ * Parkinson's disease, multiple sclerosis or other chronic neurological disorders likely to affect safe driving.
- ◆ * Psychotic illness within the past three years.
- ◆ Serious psychiatric illness.
- ◆ If major psychotropic or neuroleptic medication is being taken.
- ◆ * Alcohol and/or drug misuse within the last 12 months or alcohol and/or drug dependency or use in the past three years.
- ◆ * Dementia.
- ◆ Any malignant condition, within the last 2 years, with a significant liability to metastasise to the brain.
- ◆ * Any other serious medical condition likely to affect the safe driving of a hackney carriage or private hire vehicle.

5. Tiredness: Sleep Disorders

Up to one fifth of accidents on motorways and other monotonous roads may be caused by drivers falling asleep at the wheel.

Many accidents are attributed to "driver inattention" but once vehicles faults, traffic offences, poor road or weather conditions, alcohol and specific medical causes are excluded, closer inspection suggests driver sleepiness may be the cause. Evidence for this includes the apparent failure to respond to traffic and road conditions generally and, in particular, the absence of signs of emergency braking.

Driver sleepiness may be caused by modern life styles preventing adequate rest. It may be made worse by shift working combined with the monotonous nature of certain types of driving. Alertness fluctuates naturally throughout the day. Driving between 02:00 and 07:00 increases the risk of a sleep related accident. Most people also tend to be less alert during the mid-afternoon or after a heavy meal. All drivers need to address these problems responsibly.

However, some medical conditions may cause excessive sleepiness. These will greatly increase any normal tendency to sleepiness.

The commonest medical cause is **Obstructive Sleep Apnoea Syndrome (OSA)**. This condition occurs most commonly, but not exclusively, in overweight individuals, particularly those with a large collar size. Partners often complain about the snoring and notice that sufferers seem to have irregular breathing during sleep. Sufferers of OSA rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing.

OSA is one of the few medical conditions that has been shown to increase significantly the risk of traffic accidents. However, once diagnosed, there is very effective treatment available, normally through specialist centres.

The greatest danger is prior to diagnosis, when the significance of the symptoms is not appreciated. A road traffic accident may be the first clear indication of the condition. All drivers, especially professional drivers, and doctors need to be much more aware of the risks of sleepiness from this treatable cause.

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MEDICAL EXAMINATION APPLICATION FOR HACKNEY CARRIAGE OR PRIVATE HIRE DRIVER'S LICENCE

This must be completed by your Doctor, taking into account the criteria for Group 2 vocational drivers as set out in "Medical Aspects of Fitness to Drive" and the latest edition of the DVLA publication "At a Glance Guide for Current Medical Standards of Fitness to Drive".

Please answer all questions and use black ink throughout

Please give the applicant's weight (kg/st) and height (cm/ft)

Please give details of smoking habits, if any

Please give the number of alcohol units taken each week

Details of specialist(s)/ consultants

1	2	3

Speciality

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Date last seen

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Current medication

Date first licensed to drive a hackney carriage and/or private hire vehicle

Section 1 - Vision (Please see eyesight notes on page 2)

Please tick ✓ the appropriate boxes

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the visual acuity at least 6/9 in the better eye or at least 6/12 in the other (corrective lenses may be worn) as measured by the Snellen chart? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do corrective lenses have to be worn to achieve this standard? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes , is the | | |
| (a) uncorrected acuity at least 3/60 in the right eye? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) uncorrected acuity at least 3/60 in the left eye?
(3/60 being the ability to read the 6/60 line of the full size 6 metre Snellen chart at 3 metres) | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) correction well tolerated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Please state all the visual acuities of each eye in terms of the 6 metre Snellen chart. Please convert any 3 metre readings to the 6 metre equivalent | | |

Uncorrected

Corrected (if applicable)

Right Left

Right Left

Applicant's name	DOB	
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4. **Is there a defect in his/her binocular field of vision?** (central and peripheral)
5. Is there diplopia (controlled or uncontrolled)?
6. Does the applicant have any other ophthalmic condition?

If **Yes** to 4, 5, or 6, please give details in **section 7** and enclose any relevant visual field charts or hospital letters.

Section 2 - Nervous System

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has the applicant had any form of epileptic attack?
If Yes , please give date of last attack
If treated, please give date when treatment ceased | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a history of blackout or impaired consciousness within the last 5 years?
If Yes , please give dates and details in section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant suffer from narcolepsy/cataplexy?
If Yes , please give dates and details in section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a history of, or evidence of any of the conditions listed at (a) - (h) below?
If No , go to section 3
If Yes , please tick the relevant boxes and give dates and full details at section 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Stroke/TIA <i>please delete as appropriate</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Sudden and disabling dizziness/vertigo within the last year with a liability to recur | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Subarachnoid haemorrhage | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Serious head injury with the last 10 years | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Brain tumour, either benign or malignant, primary or secondary | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Other brain surgery | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Dementia or cognitive impairment | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 - Diabetes Mellitus

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the applicant have diabetes mellitus?
If No , go to section 4
If Yes , please answer the following questions | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the diabetes managed by: - | | |
| (a) Insulin?
If Yes , please give date started on insulin | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Oral hypoglycaemic agents and diet? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Diet only? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the applicant test blood glucose at least twice every day? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there evidence of: - | | |
| (a) Loss of visual field? | <input type="checkbox"/> | <input type="checkbox"/> |

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	Yes	No
(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Diminished/absent awareness of hypoglycaemia?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has there been laser treatment for retinopathy?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please give date(s) of treatment		
6. Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party?	<input type="checkbox"/>	<input type="checkbox"/>
7. If Yes to any of 4-6 above, please give details in section 7	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 - Psychiatric illness

	Yes	No
Is there a history, or evidence, of any of the conditions listed at 1-6 below?	<input type="checkbox"/>	<input type="checkbox"/>

If **No** go to section 5

If **Yes** please tick the relevant box(es) below and give dates, prognosis, period of stability and details of medication, dosage and any side effects in **section 7**

NB if applicant remains under specialist clinic(s), ensure details are entered in **section 1**

1. Significant psychiatric disorder within the past 6 months, e.g. depression	<input type="checkbox"/>	<input type="checkbox"/>
2. A psychotic illness within the past 3 years, e.g. schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
3. Persistent alcohol misuse in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
4. Alcohol dependency in the past 3 years	<input type="checkbox"/>	<input type="checkbox"/>
5. Persistent drug misuse in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
6. Drug dependency in the past 3 years	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 - Cardiac

Please follow the instructions in all **sections 5A – 5G** giving details as required at **section 7**.

NB. If applicant remain under specialist cardiac clinic(s) ensure details are completed in **section 1**

Section 5A - Coronary Artery Disease

	Yes	No
Is there a history, or evidence, of coronary artery disease?	<input type="checkbox"/>	<input type="checkbox"/>

If **No**, go to section 5 B

If **Yes** please answer all questions below and give details at **section 7**

1. Myocardial infarction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please give date(s)		
2. Coronary artery by-pass graft?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please give date(s)		
3. Coronary Angioplasty (with or without stent)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please give date(s)		
4. Has the applicant suffered from Angina?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , please give the date of the last attack		

Applicant's name		DOB	
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Section 5B - Cardiac Arrhythmia

Is there a history, or evidence, of cardiac arrhythmia? Yes No

If **No**, go to **section 5C**

If **Yes** please answer all questions below and give details at **section 7**

- | | | |
|--|--------------------------|--------------------------|
| 1. Has the applicant had a significant documented disturbance in cardiac rhythm within the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the arrhythmia been controlled satisfactorily for at least 3 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has a cardiac defibrillator device been implanted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a pacemaker been implemented? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes : - | | |
| (a) Has a pacemaker been implanted for at least 6 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Since implantation, is the patient now symptom free from this condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Does the applicant attend a pacemaker clinic regularly? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 5C - Peripheral Arterial Disease

Is there a history, or evidence, of **ANY** of the following: Yes No
 If **Yes**, please **tick ✓** all relevant boxes below, and give details at **section 7**

- | | Yes | | No |
|---|--------------------------|-----------|--------------------------|
| 1. Peripheral Arterial Disease? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 2. Aortic Aneurysm? If Yes : | <input type="checkbox"/> | | <input type="checkbox"/> |
| (a) Site of Aneurysm | <input type="checkbox"/> | Thoracic | <input type="checkbox"/> |
| (b) Has it been repaired successfully? | <input type="checkbox"/> | Abdominal | <input type="checkbox"/> |
| (c) Is the transverse diameter more than 5 cms? | <input type="checkbox"/> | | <input type="checkbox"/> |
| 3. Dissection of the Aorta? If Yes : | <input type="checkbox"/> | | <input type="checkbox"/> |
| (a) Has it been repaired successfully? | <input type="checkbox"/> | | <input type="checkbox"/> |

Section 5D - Valvular / Congenital Heart Disease

Is there a history, or evidence, of valvular / congenital heart disease? Yes No

If **No**, go to **section 5E**

If **Yes**, please answer all questions below, and give details at **section 7**

- | | | |
|---|--------------------------|--------------------------|
| 1. Is there a history of congenital heart disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a history of heart valve disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a history of embolism? (not pulmonary embolism) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the applicant currently have significant symptoms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has there been any progression since the last licence application? (if relevant) | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's name	DOB
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Section 5E - Cardiomyopathy

	Yes	No
Does the applicant have a history of any of the following conditions:	<input type="checkbox"/>	<input type="checkbox"/>
(a) A history, or evidence, of heart failure?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Established cardiomyopathy?	<input type="checkbox"/>	<input type="checkbox"/>
(c) A heart of heart/lung transplant?	<input type="checkbox"/>	<input type="checkbox"/>

If **Yes** to any part of the above, please give full details in **section 7**

Section 5F - Cardiac Investigations

This section must be completed for all applicants

	Yes	No
1. Has a resting ECG been undertaken	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, does it show:		
(a) Pathological Q waves?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Left bundle branch block?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has an exercise ECG been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , give date and give details in section 7		
<i>Sight/copy of the exercise test result/report (if done in the last 3 years) would be useful</i>		
3. Has an echocardiogram been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , give date and give details in section 7		
<i>Sight/copy of the echocardiogram result/report would be useful</i>		
4. Has a coronary angiogram been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , give date and give details in section 7		
<i>Sight/copy of the angiogram result/report would be useful</i>		
5. Has a 24 hour ECG tape been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes , give date and give details in section 7		
<i>Sight/copy of the 24 hour tape result/report would be useful</i>		
6. Has a myocardial perfusion imaging scan been undertaken (or planned)?	<input type="checkbox"/>	<input type="checkbox"/>
7. If Yes , give date and give details in section 7		

Section 5G - Blood Pressure

This section must be completed for all applicants

	Yes	No
1. Is today's systolic pressure greater than 180?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is today's diastolic pressure greater than 100?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the applicant on anti-hypertensive treatment?	<input type="checkbox"/>	<input type="checkbox"/>
4. If Yes to any of the above, please supply today's reading:	<input style="width: 100%; height: 20px;" type="text"/>	

Applicant's name		DOB	
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Section 6 - General

Please answer all questions in this section. If your answer is **Yes**, please give full details in **Section 7**

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is there currently a disability of the spine or limbs, likely to impair control of the vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with significant liability to metastasise cerebrally? | <input type="checkbox"/> | <input type="checkbox"/> |

If **Yes**, please give dates and diagnosis and state whether there is current evidence of dissemination

- | | Yes | No |
|---|--------------------------|--------------------------|
| 3. Is the applicant profoundly deaf? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes , is he/she able to communicate in the event of an emergency by speech or by using a device, e.g. a MINICOM/textphone | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a history of either renal or hepatic failure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the applicant have apnoea syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes , has it been controlled successfully? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there any other medical condition causing excessive daytime sleepiness? | <input type="checkbox"/> | <input type="checkbox"/> |

If **Yes**, please give full details below

- | | Yes | No |
|--|--------------------------|--------------------------|
| 7. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does any medication currently taken cause the applicant side effects which impair his/her safe driving? | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's name		DOB	
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Section 7 Please forward copies of all relevant hospital notes if available



Applicant's name		DOB	
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Section 8 Applicant's consent and declaration

This section must be completed and must not be altered in any way

Consent and Declaration Please read the following important information carefully then sign and date the statements below

On occasion, as part of the investigation into your fitness to drive a hackney carriage or private hire vehicle, Winchester City Council may require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your medical background details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be released. In addition, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by members of the City Council's Licensing Committee. Such information would be subject to legal restrictions on confidentiality.

Consent and Declaration

I authorise my Doctor(s) and Specialist(s) to release reports to Winchester City Council as Licensing Authority about my condition.

I authorise Winchester City Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to all those involved in the determination of my application for a licence, and to release to my Doctor(s) details of the outcome of my case and any relevant medical information.

I declare that I have checked the details I have given on this form and that, to the best of my knowledge and belief, they are correct.

Signature

Date

Section 9 - Applicant's details

To be completed in the presence of the Medical Practitioner carrying out the examination

Please make sure that you have printed your name and date of birth on each page before sending this form with your application

Name

Date of Birth

Address

Home 'phone

Daytime 'phone

Post Code

Section 10 - Medical Practitioner Details

To be completed by the Medical Practitioner carrying out the examination

Name

Surgery Stamp

Address

Post Code

The applicant is registered with this surgery/practice as a patient

I have full access to the patient's medical records

I consider that the applicant meets the criteria for Group 2 vocational driver's licence as set out in the latest editions of the DVLA publication "For Medical Practitioners - at a Glance Guide for Current Medical Standards of Fitness to Drive" and the Medical Commission on Accident Prevention's publication "Medical Aspects of Fitness to Drive".

Yes

No

Practitioner Signature

Date