

## Medical Certificate

**This form should be completed by the applicant's own GP or one who has full access to the applicant's medical records**

### To be completed by applicant:

Applicant details	Note to applicant
<p>Full name of applicant (block letters)</p> <p>Address:</p> <p>Date of birth:</p> <p>Signature of applicant:</p> <p>-----</p>	<p>This 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 any medical examinations</p> <p><b>Data Protection Act:</b> Individuals are entitled to a copy of any personal data held about them and have the right to have incorrect data corrected or erased (subject to the terms of the Data Protection Act 2018).</p> <p>For further information about how and why we may process your personal data, your data protection rights or how to contact our Data Protection Officer, please view our Privacy Notice library  <a href="https://www.melton.gov.uk/your-council/data-security-and-access/privacy-notices/">https://www.melton.gov.uk/your-council/data-security-and-access/privacy-notices/</a></p> <p>A printed version of the Privacy Notice is available upon request.</p>

### Note to medical practitioners

In completing this medical certificate, medical practitioners are asked to apply the Medical Standards for Group 2 Licences issued by the DVLA in the booklet "At a glance Guide to the current Medical Standards of fitness to Drive".

Please indicate if any question cannot be answered fully, without referring to the applicant's own Doctor.

**To be completed by doctor:**

Questions	Doctor's notes
<p>1. 1. (a) Has the applicant, to the best of your knowledge, ever had an epileptic attack since the age of 3?</p> <p>(b) Is the applicant, to the best of your judgement, subject to:-</p> <ul style="list-style-type: none"><li>(i) vertigo, or sudden attacks of disabling giddiness or fainting;</li><li>(ii) any neurological ailment likely to interfere with the efficient discharge of his/her duties as a driver of a Hackney Carriage or Private Hire Vehicle?</li></ul>	
<p>2. Has the applicant any physical loss or injury or physical disability where physical limitation is likely to interfere with the efficient discharge of his/her duties as a driver of a Hackney Carriage or Private Hire Vehicle? If so, please give details (<b>Special attention should be paid to the condition of arms, legs, hands and joints</b>).</p>	
<p>3. Does the applicant suffer from any heart or lung disorder likely to interfere with the efficient discharge of his/her duties as a driver of a Hackney Carriage or Private Hire Vehicle? If so, please give details.</p>	
<p>4. Does the applicant suffer from any serious hearing defect? If so, please give details.</p>	
<p>5. Has the applicant suffered, or shows any evidence of, addition to the excessive consumption of alcohol or drugs? If so, please give details.</p>	

Questions	Doctor's notes
<p>6. Does the applicant suffer, or appear to suffer, from any other disease or physical disability likely to interfere with the efficient discharge of his/her duties as a driver or to cause the driving by him/her of a Hackney Carriage or Private Hire Vehicle to be a source of danger to the public?</p> <p>If so, please give details</p>	
<p>7. a. Acuity of vision (with glasses if worn) by Snellens test type:</p> <ul style="list-style-type: none"> <li>i. right eye</li> <li>ii. left eye</li> </ul> <p>b. Did the applicant wear glasses/contact lenses for the test?</p> <p>c. Is the applicant blind in one eye or has corrected acuity of less than 3/60 in either eye?</p> <p>d. Is the applicant's field of vision by hand test satisfactory?</p> <p>e. Does the applicant have a normal field of vision?</p> <p>f. Do you consider that the applicant's vision is likely to cause the driving by him/her of a Hackney Carriage/Private Hire Vehicle to be a source of danger to the public?</p>	
<p>8. Is the applicant a diabetic?</p> <p>If so;</p> <ul style="list-style-type: none"> <li>a. Is the applicant's diabetes treated with insulin or diet or tablets?</li> <li>b. Is this treatment only temporary? If so, what is the anticipated end of the treatment?</li> <li>c. Are there any related disabilities for example, eye problems?</li> </ul>	

**Continued on the next page**

**To be completed by doctor:**

I CERTIFY that I have this day examined the applicant, who has signed this certificate in my presence, and whom in my opinion, is **fit** to drive a Hackney Carriage or Private Hire Vehicle, having **attained** the Group 2 standards as defined by the DVLA.

**I confirm I have full access to the applicant's medical records**

**Signature of Registered Medical Practitioner:** .....

**GMC register number:** .....

**Name (Block Letters):** .....

**Dated:** .....

**Practice stamp:**

(stamp to include practice address)



**This form will not be accepted unless officially stamped and signed by the applicant's own GP or one who has full access to the applicant's medical records.**