



GROUP 2 MEDICAL REPORT
(as applied by DVLA to the Licensing of Lorries and Bus Drivers)

Confidential - Medical Report for the Grant/Renewal of
 A Combined Hackney Carriage/Private Hire Drivers Licence

From 18th March 2024, if you are applying for a combined Hackney Carriage / Private Hire Driver's Licence, you can choose to have this medical form completed by your own GP (General Practitioner register (GP)) or by a Doctor (GMC Registered (General Medical Council) Medical Practitioners) of your choice.

If you decide to use a Doctor (GMC Registered (General Medical Council) Medical Practitioners) of your choice you **MUST** first contact your own medical surgery and make a subject access request for your medical summary to be released to you. Once you have obtained your medical summary from your own medical surgery (this can take between 28 to 40 days) you must take it with this medical form to the Doctor of your choice. Alternatively, the NHS app allows patients to request full access to your full medical record. This may take some time upon initial set up. Please discuss the set up with your surgery in plenty of time.

You must state on your medical form which Doctor you have seen and the Surgery or company visited. The Doctor must complete this medical form, stamp with the surgery stamp if they have one, and sign to say they have seen and read your medical summary.

A combined Hackney Carriage/Private Hire drivers' licence will not be granted/renewed until a satisfactory medical certificate has been produced.

The Council recognises that licensed drivers should have more stringent medical standards than those applicable to normal car drivers because they carry members of the public who have expectations of a safe journey; they are on the road for longer hours than most car drivers; and they may have to assist disabled passengers and handle luggage. Therefore, Group 2 Standards of Medical Fitness, set out in legislation and as applied by the DVLA to the licensing of lorry and bus drivers is specified as the appropriate standard for licensed Hackney Carriage and Private Hire drivers.

A What you (the applicant) have to do

1. **Before** consulting your Doctor please read the notes overleaf at Section C, points 1 – 4 (Medical standards for a combined Hackney Carriage/Private Hire

Driver). If you have any of these conditions, you **may not** be granted/renewed a licence.

2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your Doctor / Optician **before** you arrange for a medical to be completed. There is normally a fee for this service. The applicant will be responsible for paying the fee for the examination to the relevant surgery.
3. Complete Section **9 and 10 on pages 18 and 19** of this report **in the presence of the Doctor carrying out the examination.**
4. The completed medical report **must** be received before a licence will be issued for both first time applications and renewal applications.
5. **Important Information – This medical form can be completed by your own GP (General Practitioner register (GP)) or by a Doctor (GMC Registered (General Medical Council) Medical Practitioners) of your choice as long as you have obtained your medical summary from your own medical surgery and this has been seen by your chosen doctor and they have signed this form to agree this.**

B What the Doctor has to do

1. Please ensure that the applicant is a registered patient at your surgery. If not then **do not** undertake the medical test, unless the applicant is able to provide you with their up-to-date medical summary*. Any issues please refer the applicant to the Licensing Office – 01664 502502 or licensing@melton.gov.uk

***The medical summary provided by the applicant must be no more than a month old from when dated.**

2. Please complete the **information page and sections 1 - 8** of this report on **pages 6 – 17**, then **section 11 on page 20**. You may find it helpful to consult <https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals> entitled “Assessing fitness to drive – a guide for medical professionals”.
3. Applicants who may be asymptomatic at the time of the examination should be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold any type of driving licence, they must inform the Drivers Medical Group, D7, DVLA, Swansea, SA99 1TU - immediately. Contact 01792 782337 or email medadviser@dvla.gsi.gov.uk You can check if a health condition affects the applicants driving using the following link: <https://www.gov.uk/health-conditions-and-driving>.
4. Please ensure that you have completed all the sections.
5. Please stamp the completed medical form with the surgery stamp and sign to say you have seen and read the applicants Medical Summary.

C Medical Standards for a Combined Hackney Carriage / Private Hire Drivers Licence

Melton Borough Council will only accept a medical certificate that is **no more than 3 months old** from the date of issue. Licence Holders must provide written notice to the Licensing Section of any deterioration or other change in their health that may affect their driving capabilities. Such notice **must** be given as soon as practical from the moment the person became aware of the deterioration.

Where there is any doubt as to the medical fitness of the applicant, the Council may require the applicant to undergo further medical examination at the applicant expense. No licence will be issued until medical clearance has been established.

The following conditions are a bar to the holding of any of these entitlements.

1 Epilepsy Attacks

Applicants must NOT "have a liability to epileptic seizures". (This means that applicants must have been free of epileptic seizures for at least the last ten years and have not taken anti-epileptic medication during this ten year period). With such a liability Melton Borough Council must refuse or revoke the licence.

2 Diabetes

Insulin treated diabetics **may not** obtain a licence unless the applicant satisfies the criteria relating to insulin dependent diabetes as shown on page 9.

3 Eyesight

The law requires that all licensed drivers meet the following eyesight requirements (including drivers aided by prescribed glasses or contact lenses):

- in good daylight, able to read the registration mark fixed to a vehicle registered under current standards
- at a distance of 20 metres with letters and numbers 79mm high by 50mm wide on a car registered since 1 September 2001
- or
- at a distance of 20.5 metres with letters and numbers 79mm high by 57mm wide on a car registered before 1 September 2001

and

- the visual acuity must be at least Snellen 6/12 with both eyes open or in the only eye if monocular.

In addition:

- Applicants for hackney carriage or private hire vehicle driving licences must have a visual acuity (using corrective contact lenses where needed) of at least:
- Snellen 6/7.5 (Snellen decimal 0.8) in the better eye

and

- Snellen 6/60 (Snellen decimal 0.1) in the poorer eye
- if glasses are worn to meet the minimum standards, they should have a corrective power not exceeding +8 dioptries in any meridian of either lens.

This may alter for an applicant who has held a hackney carriage/private hire vehicle driving licence (group 2 licence) on 1st March 1992 and those who obtained their first group 2 licence between 2nd March 1992 and 31st December 1996. Please consult the DVLA Medical Guidelines online <https://www.gov.uk/health-conditions-and-driving> or ring the DVLA medical contact number 01792 782337 if you think this may affect you.

Applicants are also barred from holding a hackney carriage or private hire vehicle driving licence if they have

- uncontrolled diplopia (double vision)
- or do not have a normal binocular field of vision (except for where grandfather rights apply)

An applicant (or existing licence holder) failing to meet the epilepsy, diabetes or eyesight regulations must be refused by law.

4 Other Medical Conditions

In addition to those medical conditions covered by law, applicants (or licence holders) are likely to be **refused** if they are unable to meet the national recommended guidelines in the following cases:-

- Within 3 months of myocardial infarction, any episode of unstable angina, CABG or, in the case of coronary angioplasty, 6 weeks.
- A significant disturbance of cardiac rhythm occurring within the past 5 years unless special criteria are met
- Suffering from or receiving medication for angina or heart failure
- 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 conditions causing disabling vertigo, within the past year
- Recent 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
- Suffering from a psychotic illness in the past 3 years, or suffering from dementia
- Alcohol dependency or misuse, or continuing drug or substance misuse or dependency in the past 3 years
- Insuperable difficulty in communicating by telephone in an emergency
- Any other serious medical condition, which may cause problems for road safety when driving a hackney carriage or private hire vehicle.

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Medical Examination Report

Introduction

To be completed by the doctor (please use black ink)

Please answer all questions

Please give patient's weight..... (kg/st)
and height(ft/cms)

Please give details of smoking habits, if any

.....

Please give number of alcohol units taken each week

.....

Vision assessment (please see eyesight notes on page 3)

1 Please state the visual acuity of each eye.

Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, or 6/60 standard is not met, the applicant may need further assessment by an optician.

Uncorrected

Right..... Left.....

Corrected (If applicable)

Right..... Left.....

2 Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other? (Corrective lenses may be worn). YES/NO

3 Do corrective lenses have to be worn to achieve this standard? YES/NO

If Yes – Glasses: yes/no Contact Lenses: yes/no or both: yes/no

4 If glasses (not contact lenses) are worn for driving, is the corrective power greater than (+)8 dioptres in any meridian of either lens? YES/NO

5 If correction is worn for driving, is it well tolerated? YES/NO

If No, please give details in SECTION 8

6 Is there a history of any medical condition that may affect the applicants binocular field of vision? (central and/or peripheral) YES/NO

If YES, please give details in SECTION 8

- | | | |
|---|--|--------|
| 7 | Is there diplopia? | YES/NO |
| 8 | Does the applicant have any other ophthalmic condition | YES/NO |

If Yes to 7 or 8, please give details in SECTION 8

- | | | |
|---|--|--------|
| 9 | Does the applicant, on questioning, report symptoms of intolerance to glare and or impaired contrast, sensitivity and or impaired twilight vision? | YES/NO |
|---|--|--------|

SECTION 1 - Neurological disorders

- | | | |
|---|--|--------|
| 1 | Is there a history or evidence of any neurological disorder? | YES/NO |
| 2 | Has the applicant had any form of seizure? | YES/NO |
| | (a) Has the applicant had more than one seizure episode? | YES/NO |

If YES, please give date of last seizure
If treated, please give date when treatment ceased.....

- | | | |
|----|---|--------|
| 3 | Is the applicant currently on anti-epileptic medication?
If no longer treated when did treatment end? | YES/NO |
| 4 | Has the applicant had a brain scan or EEG? | YES/NO |
| 5 | Has the applicant experiences dissociative/'non-epileptic' seizures? | YES/NO |
| 6 | Is there a history of stroke or TIA within the past 5 years? | YES/NO |
| 7 | Is there a history of sudden disabling dizziness/vertigo within the last year with a liability to recur? | YES/NO |
| 8 | Subarachnoid haemorrhage (non-traumatic)? | YES/NO |
| 9 | Significant head injury within the last 10 years? | YES/NO |
| 10 | Is there a history of a chronic neurological disorder? | YES/NO |
| 11 | Is there a history of any form of brain tumour? | YES/NO |
| 12 | Other intracranial pathology? | YES/NO |
| 13 | Chronic neurological disorder(s) | YES/NO |
| 14 | Is there a history of Parkinson' Disease? | YES/NO |

15 Blackout, impaired consciousness or loss of awareness within the last 10 years? YES/NO

If YES to any of the above, please give date(s) and details in SECTION 8

SECTION 2 - Diabetes Mellitus

1 Does the applicant have diabetes mellitus? YES/NO

**If YES, please answer the following questions
If NO, proceed to SECTION 4**

2 Is the diabetes managed by:

(a) Insulin YES/NO

If YES, please give date started on insulin.....

(b) If treated with insulin, are there at least 3 continuous months of blood glucose readings stored on a memory meter(s) YES/NO

If NO, please give details in SECTION 8

(c) Other injectable treatments? YES/NO

(d) A Sulphonylurea or a Glinide? YES/NO

(e) Oral hypoglycaemic agents and diet? YES/NO

(f) Diet only? YES/NO

3 Does the applicant test blood glucose at least twice a day? YES/NO

4 Does the applicant test at times relevant to driving? YES/NO

5 Does the applicant keep fast acting carbohydrate within easy reach of driving? YES/NO

6 Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving? YES/NO

7 Has the applicant ever had a hypoglycaemic episode? YES/NO

If YES, is there full awareness of hypoglycaemia? YES/NO

8 Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? YES/NO

9	Is there evidence of:	
	(a) Loss of visual field?	YES/NO
	(b) Severe peripheral neuropathy, sufficient to impair limb Function for safe driving?	YES/NO
	(c) Complete loss of warning symptoms of hypoglycaemia?	YES/NO
10	Has there been laser treatment or intra-vitreous treatment for retinopathy?	YES/NO

If YES to any of the above, please give details in SECTION 8

A Guide for Drivers with Insulin Treated Diabetes who wish to apply for a Hackney Carriage or Private Hire Vehicle drivers' licence – The Qualifying Conditions which must be met. The driver;

- Will not be able to apply until their condition has been stable for a period of at least one month.
- Must regularly monitor their condition by checking their blood glucose levels at least twice daily and at times relevant to driving.
- Must use one or more glucose meter(s) (to measure and record glucose levels) with memory functions, to ensure 3 months of readings, will be available for assessments
- Must have no other condition which would render them a danger when driving Group 2 vehicles.

Insulin Treated Diabetes

You are reminded that a licensed driver is responsible for informing the licensing section of any changes to their health, which includes diabetes.

The Group 2 Medical form currently asks if a driver is treated by **insulin or tablets carrying hypoglycaemia risk**. If the answer to either of those questions is yes, the driver needs to inform the Council as soon as possible and provide **written** confirmation (in addition to this medical report) from their Doctor or Diabetic Nurse/Consultant of;

- the date of being diagnosed;
- that there has not been any severe hypoglycaemic event in the previous 12 months (the law defines 'severe' as an episode of hypoglycaemia requiring the assistance of another person);
- the driver has full hypoglycaemic awareness;
- the driver must show adequate control of the condition by regular blood glucose monitoring, at least twice daily and at times relevant to driving;
- the driver must demonstrate an understanding of the risks of hypoglycaemia and there are no other declaring complications of diabetes;
- there are no other declaring complications of diabetes.

Licensees diagnosed as requiring treatment by insulin or tablets carrying hypoglycaemia risk, will be required to submit to the Licensing Authority on an **annual basis** the following;

- A complete Group 2 medical report (if over the age of 65) or medical report/letter from their Doctor or Diabetic Nurse/Consultant confirming that;
 - a) that during the preceding 12 months the licensee has not suffered a hypoglycaemic episode requiring assistance whilst driving; and
 - b) the licensee has a history of responsible diabetic control and is at minimal risk of a hypoglycaemic attack.

The applicant or licence holder must notify DVLA – the applicant can do this by using the “Report your condition online” function on the following page <https://www.gov.uk/diabetes-driving>.

SECTION 3 - Cardiac

SECTION A - Coronary Artery Disease

	Is there a history of coronary artery disease?	YES/NO
	If NO, go to SECTION B	
1	Has the applicant suffered from Angina?	YES/NO
	If YES, please give date(s)	
2	Acute coronary syndrome including myocardial Infarction?	YES/NO
	If YES, please give date(s)	
3	Coronary angioplasty (PCI)?	YES/NO
	If YES, please give date(s)	
4	Coronary artery bypass graft surgery?	YES/NO
	If YES, please give date(s)	
5	If yes to any of the above, are there any physical health problems or disabilities (e.g. mobility, arthritis or COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT?	YES/NO
	If YES, please give details in SECTION 8	

SECTION B - Cardiac Arrhythmia

Is there a history or evidence of cardiac arrhythmia? YES/NO

If NO, go to SECTION C

1 Has the applicant had a significant disturbance of cardiac rhythm, (e.g. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia) in the last 5 years? YES/NO

If YES, please give details in SECTION 8

2 Has the arrhythmia been controlled satisfactorily for at least 3 months? YES/NO

3 Has an ICD (Implanted Cardiac Defibrillator) or biventricular Pacemaker with defibrillator/cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted? YES/NO

4 Has a pacemaker or a biventricular pacemaker/cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted? YES/NO

If YES,

- (a) Please give date of implantation.....
- (b) Is the applicant free of the symptoms that caused the device to be fitted? YES/NO
- (c) Does the applicant attend a pacemaker clinic regularly? YES/NO

If YES to any of the above, please give details in SECTION 8

SECTION C – Peripheral arterial disease (excluding Bueger’s disease) aortic aneurysm/dissection

Is there a history or evidence of peripheral arterial disease (excluding Bueger’s disease), aortic aneurysm or dissection? YES/NO

If NO, proceed to SECTION D

If YES, please answer all questions below

1 Peripheral arterial disease (excluding Bueger’s disease)? YES/NO

2 Does the applicant have claudication? YES/NO

If YES, would the applicant be able to undertake 9 minutes of the standard Bruce Protocol ETT? YES/NO

3 Aortic aneurysm?

If YES

- | | | |
|---|--|--------|
| | (a) Site of aneurysm: Thoracic / abdominal | |
| | (b) Has it been repaired successfully? | YES/NO |
| 4 | Dissection of the aorta repaired successfully? | YES/NO |
| 5 | Is there a history of Marfan's disease? | YES/NO |

SECTION D – Valvular/congenital heart disease

	Is there a history or evidence of valvular or congenital heart disease?	YES/NO
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If NO, go to SECTION E

- | | | |
|---|---|--------|
| 1 | Is there a history of congenital heart disease | YES/NO |
| 2 | Is there a history of heart valve disease? | YES/NO |
| 3 | Is there a history of aortic stenosis? | YES/NO |
| 4 | Is there history of embolic stroke? | YES/NO |
| 5 | Does the applicant currently have significant symptoms? | YES/NO |
| 6 | Has there been any progression brackets (either clinically or on scans etc) since the last licence application? | YES/NO |

If YES to any of the above, please give details in SECTION 8

SECTION E - Cardiac other

	Is there a history or evidence of heart failure?	YES/NO
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If NO, proceed to SECTION F

- | | | |
|---|---|--------|
| 1 | Established cardiomyopathy? | YES/NO |
| 2 | has a left ventricular assist device (LVAD) or other cardiac assist device been implanted | YES/NO |
| 3 | A heart/lung transplant? | YES/NO |
| 4 | Untreated atrial myxoma? | YES/NO |

SECTION F – Cardiac channelopathies

Is there a history or evidence of the following conditions?

- | | | |
|-----|-------------------|--------|
| (a) | Brugada syndrome? | YES/NO |
| (b) | Long QT syndrome? | YES/NO |

SECTION D - Blood Pressure

- | | | |
|---|---|--------|
| 1 | Is there a history of hypertension with BP readings consistently greater than 180 mm HG or higher systolic or 100mm HG or more diastolic? | YES/NO |
|---|---|--------|

If YES, please supply most recent readings with dates

.....

- | | | |
|---|--|--------|
| 2 | Is the applicant on anti-hypertensive treatment? | YES/NO |
| 3 | Is there a history of malignant hypertension? | YES/NO |
| 4 | If treated does the medication cause any side effects likely to affect safe driving? | YES/NO |

SECTION E – Cardiac Investigations

Have any cardiac investigations been undertaken or planned? YES/NO

If NO, go to SECTION 4

- | | | |
|----|---------------------------------------|--------|
| 1. | Is there a history of the following: | |
| | (a) Left bundle branch block (LBBB)? | YES/NO |
| | (b) Right bundle branch block (RBBB)? | YES/NO |

If YES to any of the above, please give details in SECTION 8

- | | | |
|----|---|--------|
| 2. | Has an exercise ECG been undertaken (or planned)? | YES/NO |
|----|---|--------|

If YES, please give date.....

- | | | |
|----|---|--------|
| 3. | Has an echocardiogram been undertaken (or planned)? | YES/NO |
|----|---|--------|

If Yes, please give date.....

- | | | |
|----|--|--------|
| | (a) If undertaken, is or was the left ejection fraction greater than or equal to 40% | YES/NO |
| 4. | Has a coronary angiogram been undertaken (or planned)? | YES/NO |

If YES, please give date.....

5. Has a 24 hour ECG tape been undertaken (or planned)?
YES/NO

If YES, please give date.....

6. Has a loop recorder been implanted (or planned)? YES/NO

If YES, please give date.....

7. Has a myocardial perfusion scan, stress echo study or cardiac MRI been undertaken (or planned)? YES/NO

If YES, please give date.....

If YES to any of the above, please give details in SECTION 8

SECTION 4 - Psychiatric illnesses

Is there a history or evidence of psychiatric illness within the last 3 years? YES/NO

If NO, go to SECTION 5

1. Significant psychotic disorder within the past 6 months? YES/NO

If YES, please confirm condition.....

2. Psychosis or hypomania/mania within the past 12 months, including psychotic depression? YES/NO

3. Is there evidence of dementia or cognitive impairment? YES/NO

4. Are there concerns which have resulted in ongoing investigations for such possible diagnoses? YES/NO

If YES to any of the above, please give details in SECTION 8

SECTION 5 - Substance misuse

Is there a history of drug alcohol misuse or dependence? YES/NO

If NO, go to SECTION 6

1. Is there a history of alcohol dependence in the past six years? YES/NO

(a)	Is it controlled?	YES/NO
(b)	Has the applicant undergone an alcohol detoxification programme?	YES/NO
If yes give date started:.....		
2.	persistent alcohol misuse in the past three years?	YES/NO
(a)	Is it controlled?	YES/NO
3.	Use of illegal drugs or other substances, or misuse of prescription medication in the last 6 years?	YES/NO
(a)	If YES, the type of substance misused?	
(b)	Is it controlled?	YES/NO
(c)	Has the applicant undertaken an opiate treatment programme?	YES/NO
If yes, give date started		
If YES to any of the above, please give details in SECTION 8		

SECTION 6 – Sleep disorders

1.	Is there history or evidence of Obstructive Sleep Apnoea Syndrome or any other medical condition causing excessive sleepiness?	YES/NO
If No, go to SECTION 7		
(a)	Is it controlled successfully?	YES/NO
(b)	Is applicant compliant with treatment?	YES/NO

SECTION 7 - Other medical conditions

1.	Is there a history or evidence of narcolepsy?	YES/NO
2.	Is there currently any functional impairment that is likely to affect control of the vehicle?	YES/NO
3.	Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?	YES/NO
4.	Is there any illness that may cause significant fatigue or Cachexia that affects safe driving?	YES/NO

- | | | |
|-----|---|--------|
| 5. | Is the applicant profoundly deaf? | YES/NO |
| | If YES, is the applicant able to communicate in the event of an emergency by speech or by using a device e.g. a text phone? | YES/NO |
| 6. | Does the applicant have a history of liver disease of any origin? | YES/NO |
| | if YES, is this the result of alcohol misuse? | YES/NO |
| 7. | Is there a history of renal failure? | YES/NO |
| 8. | Does the applicant have severe symptomatic respiratory disease, causing chronic hypoxia? | YES/NO |
| 9. | Does any medication currently taken cause the applicant side effects that could affect safe driving? | YES/NO |
| 10. | Does the applicant have any other medical condition that could affect safe driving? | YES/NO |

If YES to any of the above, please give details in SECTION 8

SECTION 8 - Further information

You may wish to forward copies of hospital notes/medication separately if you need to provide extra information.

SECTION 8 - Further Information (continued)

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SECTION 9 - Applicant Details (completed by applicant in the presence of the doctor)

Name.....

Date of Birth.....

Address

Home Tel No.....
Work/Daytime No.....

Details of my GP/Surgery registered at:

GP/Group name.....
Address

Tel No.....

About any Consultant/Specialist (if applicable)

Consultants name.....

Address

Tel No.....

About who has completed your medical;

Details of Doctor (GMC Registered) seen

GMC Register Number.....

Company / Surgery address.....

Tel No.....

SECTION 10 - Consent and declaration

Please read and sign statements below;

I authorise my Doctor(s) and Specialist(s) to release reports to the Melton Borough Council about my medical condition.

If not completed by my own GP, I confirm that I have provided my medical summary (no older than 1 month old from date of issue) for consideration alongside this medical form to the doctor completing it.

I authorise Melton Borough Council and their representatives to divulge relevant medical information about me to Doctors or Paramedical staff as necessary in the course of medical enquiry(s) into my fitness to drive.

I declare that I have checked the details I have given on the enclosed questionnaire and that to the best of my knowledge they are correct.

I agree that I will provide written notice to the Licensing Authority of any deterioration or other change in my health that may affect my driving capabilities. Such notice **MUST** be given as soon as practical from the moment I become aware of the deterioration.

I understand that where there is any doubt as to my medical fitness, the Council may require me applicant to undergo further medical examination at my own expense.

I will report immediately to the DVLA any significant change/deterioration in my medical condition/current fitness that may affect my driving capabilities.

Signature

Print Name.....

Date.....

SECTION 11 - Medical Practitioner Details

To be completed by **Doctor** carrying out the examination

Name.....

Address.....

I have examined the applicant whose details appear on this form, and I am satisfied that ...

* they meets the criteria; **or**

* they do not meet the criteria

*** delete as appropriate**

of the Group 2 Standards of Medical Fitness

(as applied by the DVLA, to the licensing of lorry and bus drivers which is required as the appropriate standard for licensed Hackney Carriage and Private Hire drivers)

...to act as a combined Hackney Carriage/Private Hire Driver.

This applicant is a registered patient at this surgery YES / NO

This applicant is not a registered patient at this surgery. I confirm that I have seen and read the applicants medical summary (and that the summary is no more than a month old from date of issue. YES / NO

Signature of Medical Practitioner

Date

Please use surgery stamp in box below;