
Taxi and private hire driver Medical assessment form



Elmbridge
Borough Council
... bridging the communities ...



GDPR Privacy notice

Who we are and what we do

Elmbridge Borough Council is the 'Controller' of any personal data that you provide to us. We collect, process, and store your personal data in relation to your application for a licence.

What we need to process your application

In this medical report, we require you to provide personal data including your name, address, contact details and medical history.

Why we need it

We need your personal and sensitive data to enable us to process your application. If you do not provide this information we cannot process your application.

What we do with it

We will store your personal data in our licensing database and it will be accessed by authorised Council employees. We will use your personal data to enable us to monitor compliance with your licence and to carry out our enforcement duties. We may share your personal data with the other public bodies and enforcement authorities for the purposes of investigation, to protect public funds and prevent and detect fraud. We may also share your personal data with the DVLA and the Council's medical advisor.

How long we keep it

If we do not grant your licence, we will retain your data for six years from the date of the final decision on your application. If we grant your licence, we will retain your data for the period of the licence and a further six years.

What are your rights?

Please refer to our corporate privacy policy at www.elmbridge.gov.uk/privacy-notice/

Notes for the applicant

General

- a) All applicants must satisfy the Council that they are medically fit to drive and will be expected to meet DVLA Group 2 standards.
- b) This medical report cannot be issued free of charge as part of the National Health Service. You must pay the Medical Practitioner's fee, where applicable. The Council is not responsible for any fees that you may pay to a doctor and or optician/optometrist and or other medical specialist, even if you are unable to meet the Group 2 medical fitness to driver standard.
- c) This report should be completed by a doctor with whom you have been registered for at least 12 months or by a doctor who has access to your medical records.

This medical examination now includes a vision assessment that must be filled in by a doctor or optician/optometrist. Some doctors will be able to fill in both vision and medical assessment section of the report. If your doctor is unable to fully answer all the questions on the vision assessment you must have it filled in by an optician or optometrist. If you do not wear glasses to meet the eyesight test standard or if you have a minus (-) eyesight prescription, your doctor may be able to fill in the whole report. If you wear glasses and you have asked a doctor to fill in the report, you must take your current prescription to the assessment.

Any applicant/driver with an on-going medical condition, i.e. diabetes, which is controlled by insulin, or has a heart condition, will be required to provide the Council with details of any change in that condition or in their medication.

During the life of a licence:

- a) a driver diagnosed with a new medical condition or
- b) a driver who has an existing condition which develops (and may affect their ability to drive)

is required to inform the Licensing Team immediately. In these circumstances a further medical assessment may be required. Licence renewals will not be processed where a medical assessment form has not been received. Applicants/drivers should ensure that they allow plenty of time to book GP appointment(s).

Part A: applicant details and declaration

Applicant's details:

(to be completed in the presence of the doctor carrying out the examination)

First name and other forenames

Last name

Preferred telephone number

Email address

Home address

Post code

Date of birth

Age

Applicant's consent and declaration:

(Please read the following carefully before signing and dating the declaration).

I authorise my doctor(s) and specialist(s) to release medical reports and information about my condition, which is relevant to my fitness to drive, to Elmbridge Borough Council.

I understand that the Council may disclose medical information that is necessary to investigate my fitness to drive, to doctors, paramedical staff, Councillors and relevant officers.

I declare that I have checked the information given in this medical assessment form and that to the best of my knowledge and belief, they are correct.

I confirm that if I wish to do so, I may, at my own cost, submit further medical evidence to the Council as I consider appropriate.

Signature

Date

Part B: notes for the examining Doctor

- a) The applicant's own doctor or a doctor who has full access to the applicant's medical records for the last 12 months, should complete this form in full.
- b) Elmbridge Borough Councils' policy on medical fitness requires that taxi and private hire drivers meet Group 2 Entitlement, as set out in the DVLA publication 'A Guide to the current Medical Standards of Fitness to Drive'. This document recommends the medical standard applied by DVLA in relation to bus and lorry drivers which local authorities should apply to taxi and private hire drivers.
- c) When completing this medical assessment form, please have regard to the latest version of the "At a Glance Guide" to the current Group 2 medical standards of fitness to drive, published by the DVLA, Swansea. See gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals
- d) Please tick the answers that apply. If you answer 'Yes' to any of the questions on the form please give full details in the box at the end of the form, Part 9.
- e) Please note the Council's independent medical advisor may contact you if there are any queries about the information supplied.
- f) On completion of the medical assessment, please stamp each page of this document on both sides with your surgery stamp.
- g) If the applicant is not a registered patient with your practice or you have not reviewed his/her medical records then do not complete the declaration below.

Is the applicant a registered patient of the surgery or medical centre at which you practise as a registered medical practitioner?

Yes

No

Have you reviewed the above applicant's medical records?

Yes

No

If reviewing a print out of the applicant's medical records, please give date of print out:

- * If the applicant is not registered at your surgery and you are reviewing a printed history of his/her medical records, please enclose the full copy of the printed history you have seen, with this document.

Part 1: Vision assessment

To be completed by an optician, optometrist, or doctor

If you are an optician or optometrist, please complete the declaration at Part 12.

Note: you must read the current DVLA guidance at [gov.uk/current-medical-guidelines-dvla-guidance-for-professionals](https://www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals) so that you can decide whether you are able to fully complete the vision assessment.

The visual acuity, as measured by the 6 metre Snellen chart must be at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and a least Snellen 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to achieve this standard. A LogMAR reading is acceptable. (Corrective lenses may be worn)

1 Please confirm the scale you are using to express the driver's visual acuities

- | | |
|---|--------------------------|
| (a) Snellen | <input type="checkbox"/> |
| (b) Snellen expressed as a decimal | <input type="checkbox"/> |
| (c) LogMAR | <input type="checkbox"/> |

2 Please provide uncorrected visual acuity for each eye

- | | | | | |
|------------|-------|----------------------|------|----------------------|
| (a) | Right | <input type="text"/> | Left | <input type="text"/> |
|------------|-------|----------------------|------|----------------------|

3 Please provide corrected visual acuity for each eye (using the prescription worn for driving)

- | | | | | |
|------------|-------|----------------------|------|----------------------|
| (a) | Right | <input type="text"/> | Left | <input type="text"/> |
|------------|-------|----------------------|------|----------------------|

4 Please give the best binocular acuity with corrective lenses if worn for driving

5 If glasses were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8(+8) dioptries?

Yes	No
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6 If a correction is worn for driving, is it well tolerated?

Yes	No
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7 Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and /or peripheral)?

Yes	No
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(a) If formal visual field testing, is correction well tolerated?

Yes	No
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(b) Please provide uncorrected visual acuity for each eye

(c) Right Left

(d) Please provide corrected visual acuity for each eye

(e) Right Left

(f) Is there a defect in the applicant's binocular field of vision (central and/or peripheral)?

Yes No

(g) Is there diplopia (controlled or uncontrolled)?

Yes No

(h) Does the applicant have any other ophthalmic condition?
If YES to questions 4, 5 or 6 please give details in Part 9.

Yes No

(i) If not please give reasons why

8 Is the applicant without sight in one eye?

Yes No

Part 2: Nervous system

1	Has the applicant had any form of epileptic attack? If yes, please answer questions (a) to (i) below.	Yes	No
(a)	Has the applicant had more than one attack?	Yes	No
(b)	If yes, please give date of first attack		
(c)	If yes, please give date of last attack		
(d)	Is the applicant currently on anti-epilepsy medication? If yes, please give details of current medication:	Yes	No
(e)	If treated, please give date when treatment ended:		
(f)	Has the applicant had a brain scan? If yes, please state dates.	Yes	No
(g)	If yes, please give date of MRI scan		
(h)	If yes, please give date of CT scan		
(i)	Has the applicant had an EEG? If yes, please provide dates & details.	Yes	No
2	Is there a history of blackout or impaired consciousness within the last 5 years? If Yes, please give dates and details at Part 9:	Yes	No

3	Is there a history of, or evidence of, any of the conditions listed at (a) to (k) below? If No, go to Part 3. If yes, please answer the following questions, giving dates and full details	Yes	No
(a)	Stroke / TIA (<i>please delete as appropriate</i>). If yes, please give date below	Yes	No
(b)	Has there been a full recovery?	Yes	No
(c)	Sudden and disabling dizziness/vertigo within the last one year with a liability to recur?	Yes	No
(d)	Subarachnoid hemorrhage	Yes	No
(e)	Serious head injury within the last 10 years	Yes	No
(f)	evidence of an intra-cerebral haematoma	Yes	No
(g)	early epilepsy or	Yes	No
(h)	compound depressed skull fracture	Yes	No
(i)	Brain tumour, either benign or malignant, primary, or secondary	Yes	No
(j)	Other brain surgery/abnormality (please give details)	Yes	No
(k)	Chronic neurological disorders e.g. Parkinson's Disease, Multiple Sclerosis	Yes	No

Part 3: Diabetes Mellitus

1	Does the applicant have diabetes mellitus? If no, please go to Part 4. If yes, please answer the following questions.	Yes	No
2	Is the diabetes managed by		
(a)	Insulin? If yes, please give date started on insulin:	Yes	No
(b)	Exenatide/Byetta?	Yes	No
(c)	Oral hypoglycaemic agents and diet? If yes, please provide details of medication:	Yes	No
(d)	Diet only?	Yes	No
(e)	Exenatide/Byetta?	Yes	No
3	Regular self-monitoring of blood glucose – at least twice daily and at times relevant to driving (ie, no more than two hours before the start of the first journey and every two hours whilst driving	Yes	No
4	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)	Full awareness of hypoglycaemia	Yes	No
5	Has there been any laser treatment for retinopathy? If yes, please give date(s) of treatment	Yes	No
6	Episode of severe hypoglycaemia in the last 12 months	Yes	No
7	Demonstrates an understanding of the risk of hypoglycaemia	Yes	No
8	Has disqualifying complications of diabetes that mean a licence will be refused or revoked such as visual field defect	Yes	No

If yes to any of 4 – 6 above, please give details in Part 9.

Part 4: Psychiatric illness

1	Is there a history of, or evidence of any of the conditions listed at (a) to (c) below? If no, please go to Part 5. If yes please answer the following questions and give date(s), prognosis, period of stability and details of medication, dosage, and any side effects in Part 9. (Please enclose relevant notes). (If applicant remains under specialist clinic(s) please give details in Part 9).	Yes	No
(a)	Significant psychiatric disorder within the past 6 months?	Yes	No
(b)	A psychotic illness within the past 3 years, including psychotic depression?	Yes	No

(c) Dementia or cognitive impairment?

Yes	No
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Part 5: Cardiac

If the applicant has established coronary heart disease, evidence is required that the applicant reaches the functional requirements in the form of an exercise ECG, or stress myocardial perfusion scan or stress echocardiogram. These tests must be completed every three years in accordance with Appendix C, 'assessing fitness to drive, a guide for medical professionals'. Please see gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals

Applicants cannot meet the Group 2 requirements without these tests.

1

Is there a history of, or evidence of, Coronary Artery Disease? If no, please go to Section 5b. If yes, please answer all questions below and give details in Part 9, enclosing any copies of relevant hospital letters where possible

Yes	No
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5A Coronary artery disease

(a) Acute Coronary Syndromes including Myocardial Infarction? If yes, please give date(s):

Yes	No
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(b) Coronary artery by-pass graft surgery? If yes, please give date(s):

Yes	No
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(c) Coronary Angioplasty (P.C.I.)?

Yes	No
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(d) If yes, please give date of most recent intervention:

Please go to section 5B

5B Cardiac arrhythmia

1	Is there a history of, or evidence of, cardiac arrhythmia? If no, please go to Section 5c. If yes, please answer all questions below and give details in Part 9.	Yes	No
2	Has there been a significant disturbance of cardiac rhythm? i.e. Sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in last 5 years?	Yes	No
3	Has the arrhythmia been controlled satisfactorily for at least 3 months?	Yes	No
4	Has an ICD or biventricular pacemaker (CRST-D type) been implanted?	Yes	No
5	Has a pacemaker been implanted? If YES:	Yes	No
(a)	Please supply date:		
(b)	Is the applicant free of symptoms that caused the device to be fitted?	Yes	No
(c)	Does the applicant attend a pacemaker clinic regularly?	Yes	No

Please go to section 5C

Peripheral arterial disease (excluding 5C Buerger's disease) aortic aneurysm / dissection

1	Is there a history of, or evidence of, any of the following? If no, please go to Section 5d. If yes, please answer all questions below and give details in Part 9.	Yes	No
2	Peripheral Arterial Disease (excluding Buerger's Disease)	Yes	No
3	Does the applicant have claudication? If yes, please give details as to how long in minutes the applicant can walk at a brisk pace before being symptom limited?	Yes	No
4	Aortic Aneurysm? If yes:	Yes	No
(a)	Site of Aneurysm (please tick)	Thoracic	Abdominal
(b)	Has it been repaired successfully?	Yes	No
(c)	Is the transverse diameter currently >5.5 cms?	Yes	No
	If no, please provide latest measurement and date obtained		
5	Dissection of the Aorta repaired successfully If yes, please provide details:	Yes	No

Please go to section 5D

5D Valvular/congenital heart disease

1	Is there a history of, or evidence of, valvular/congenital heart disease? If no, please go to Section 5e. If yes, please answer all questions below and give details in Part 9.	Yes	No
2	Is there a history of congenital heart disorder?	Yes	No
3	Is there a history of heart valve disease?	Yes	No
4	Is there any history of embolism? (not pulmonary embolism)	Yes	No
5	Does the applicant currently have significant symptoms?	Yes	No
6	Is there a history of, aortic stenosis?	Yes	No
7	If Yes, please provide relevant reports.	Yes	No

5E Cardiac other

1	Does the applicant have a history of ANY of the following conditions? If no, go to Section 5f If yes, please answer all questions below and give details in Part 9 of the form	Yes	No
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(a)	A history of, or evidence of, heart failure?	Yes	No
(b)	Established cardiomyopathy?	Yes	No
(c)	A heart or heart/lung transplant?	Yes	No
(d)	Has a left ventricular assist device (LVAD) been implanted	Yes	No

5F Cardiac investigations (all applicants)

1	Has a resting ECG been undertaken? If yes, does it show:	Yes	No
(a)	Pathological Q waves?	Yes	No
(b)	Left bundle branch block?	Yes	No
(c)	Right bundle branch block?	Yes	No
2	Has an exercise ECG been undertaken (or planned)? If yes, please provide date and give details in Part 9.		
3	Has an echocardiogram been undertaken (or planned)?	Yes	No
(a)	If yes, please provide date and give details in Part 9.		
(b)	If undertaken is/was the left ventricular ejection fraction greater than or equal to 40%?	Yes	No

4	Has a coronary angiogram been undertaken (or planned)?	Yes	No
(a)	If yes, please provide date and give details in Part 9.		
5	Has a 24-hour ECG tape been undertaken (or planned)?	Yes	No
(a)	If yes, please provide date and give details in Part 9.		
6	Has a Myocardial Perfusion Scan or Stress Echo study been undertaken (or planned)?	Yes	No
(a)	If yes, please provide date and give details in Part 9.		

5G Blood pressure (all applicants)

1	Is today's best systolic pressure reading 180 mm/Hg or more? (Please give reading)	Yes	No
	BP reading:		
2	Is today's best diastolic pressure reading 100mm Hg or more? (Please give reading)	Yes	No
	BP reading:		
3	Is the applicant on anti-hypertensive treatment?	Yes	No
4	If yes to any of the above, please provide three previous readings with dates if available:		
(a)	BP reading (1)		Date

(b) BP reading (2)

	Date
	Date

(c) BP reading (3)

Part 6: General

Please answer all questions in this Part. If your answer is yes, to any question, please give full details in Part 9.

1	Is there currently a disability of the spine or limbs likely to impair control of the vehicle?	Yes	No
2	<p>Is there a history of bronchogenic carcinoma or other malignant tumour, for example:</p> <ul style="list-style-type: none"> • malignant melanoma, with a significant liability to metastasise cerebrally? • history of malignant brain lesion(s)? <p>If yes, please give dates and diagnosis, and state whether there is current evidence of dissemination.</p>	Yes	No
(a)	Is there any evidence the applicant has a cancer that causes fatigue or cachexia that affects safe driving?	Yes	No
3	Is the applicant profoundly deaf?	Yes	No
(a)	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
4	Is there a history of either renal or hepatic failure?	Yes	No
5	Is there a history of, or evidence of sleep apnoea syndrome? If yes, indicate severity.	Yes	No
(a)	Mild (AHI <15)	Yes	No

(b)	Moderate (AHI 15-29)	Yes	No
(c)	Severe (AHI>29)	Yes	No
(d)	Not known	Yes	No
(e)	Date of diagnosis		
(f)	Is it controlled successfully	Yes	No
(g)	If yes, please state treatment		
(h)	Please state period of control		
(i)	Please provide neck circumference in CM		
(j)	Please provide girth measurement in CM		
(k)	Date last seen by consultant with copy of latest outpatient letter		
6	Does the applicant suffer from narcolepsy/cataplexy?	Yes	No
7	Is there any other Medical Condition causing daytime sleepiness?	Yes	No
(a)	Date of diagnosis		
(b)	Is it controlled successfully	Yes	No

(c)	If yes, please state treatment		
(d)	Please state period of control		
8	Does the patient have severe symptomatic respiratory disease-causing chronic hypoxia?	Yes	No
9	Does any medication currently taken cause the patient side effects that could affect safe driving? If yes, please give details	Yes	No
10	Does the patient have any other medical condition that could affect safe driving? If yes, please give details.	Yes	No

Part 7: Alcohol and drug misuse

Please answer all questions in this part. If your answer is yes to any question, please give details in Part 9.

1	Does the patient show any evidence of being addicted to the excessive use of alcohol?	Yes	No
2	Does the patient show any evidence of being addicted to the excessive use of drugs?	Yes	No
3	Persistent alcohol misuse in the past 12 months?	Yes	No
4	Alcohol dependency in past 3 years?	Yes	No
5	History of drug addiction?	Yes	No

6	Persistent drug misuse in the past 12 months?	Yes	No
7	Drug dependency in past 3 years?	Yes	No
8	If there is a history of drug addiction, has the applicant:	Yes	No
(a)	Attended detoxification treatment	Yes	No
(b)	Been free from drug taking for the last 8 years	Yes	No

Part 8: Equalities Act 2010

Please answer all questions in this part. If your answer is yes to any question, please give details in Part 9 and include copies of any relevant medical reports.

1	Does the patient have any medical or any physical condition that makes it impossible or unreasonably difficult for them to load or unload a passenger seated in a wheelchair into a vehicle, load a wheelchair into the boot of a vehicle or give reasonable assistance to a disabled passenger?	Yes	No
2	Does the patient have any medical condition that requires an exemption from carrying guide dogs, hearing dogs or other assistance dogs?	Yes	No

Part 9: Additional information

Please give any additional information regarding the applicant that relates to any medical condition from which the applicant may be suffering, even if not mentioned above, which is likely to interfere with the discharge of his/her duties as a driver.

Part 10: Medication

Please give details of all current regular medication. Continue an attached sheet if necessary. Only one entry is needed for each medication. Alternatively, please attach a copy of a repeat prescription form.

Date prescribed	Medication	Dose (e.g. 300 mg three times a day)	If this is ongoing medication, for how long has it been prescribed?

Part 11: Examining Doctor's declaration

The examining doctor should complete this declaration on completion of the medical assessment.

Please make sure you have completed all sections of the form.

Declaration

I certify that I have examined the applicant today, and I had full access to the applicant's medical records for the last 12 months. The applicant signed this form (Part A) in my presence and I further certify that the information that I have given on this form is true and correct.

Name

GMC number

Signed

Date

Doctor's stamp: **Please also stamp each page of this document on both sides with your surgery stamp.**

Part 12: Optician or Optometrist's declaration

The examining optician or optometrist, who completed the vision assessment at Part 1, should complete this declaration on completion of the vision assessment. Please make sure you have completed all sections in Part 1 of the form.

Declaration

I certify that I examined the applicant today, and I have taken the applicant's history into consideration. The applicant signed this form (below) in my presence and I further certify that the information that I have given on this form is true and correct.

Name

GOC number

Signed

Date

Optician or Optometrist's stamp:

Applicant's signature

Signature

Date