

GROUP 2 MEDICAL EXAMINATION CERTIFICATE

HACKNEY CARRIAGE/PRIVATE HIRE VEHICLE DRIVER

Once fully complete to be returned by the applicant to:

Licensing Office
Abbey Road, Wrexham Industrial Estate
Wrexham, LL13 9PW.

e-mail: taxiadmin@wrexham.gov.uk

A. To the applicant:

This medical report cannot be issued free of charge as part of the National Health Service. **The applicant must pay the medical practitioner's fee, unless other arrangements have been made. The licensing authority accepts no liability to pay it.** This Medical Examination Certificate will be retained by the Licensing Authority throughout the application process and throughout the period of any subsequent licence/s granted.

The Group 2 medical examination must be conducted using your full medical history. **Your own GP will have access to you full medical history and should be your first approach.**

If your own GP is unable to conduct the medical you must obtain a medical summary printout from your own GP surgery and ensure that this is presented to the practitioner conducting the medical. Medicals will only be accepted if the practitioner is able to conduct the medical with your full medical summary.

B. To the medical practitioner:

When completing this medical report please have regard to the DVLA guidance document "Assessing fitness to drive: a guide for medical professionals" available from: www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals

The Licensing Authority considers a HC/PH driver to be Group II classification.

The Examining Physician must be either the applicants own GP or a medical practitioner in possession of the applicants' medical summary obtained from their own GP. Examinations completed without this information will not be acceptable. Please ensure that you complete the relevant box A or B on page 7 found at the end of this form.

Please answer all questions placing a tick in the relevant area. **All shaded areas must be completed.** Use the notes section to the right if you want to add anything. Additional space is provided in section 7 and a separate sheet can be included if required. **Each page must be signed and dated.**

The form should then be given to the applicant to take to the Licensing Office, Environment and Technical Department Transport Depot, Abbey Road, Wrexham Industrial Estate LL13 9PW. Fully completed forms may also be e-mailed to the address above ensuring the applicants full name is included in the subject header.

Hackney Carriage/Private Hire Vehicle Driver (Version 15)

This document is also available in Welsh



APPLICANT DETAILS:	
Full name (BLOCK CAPTALS):	
Address:	
Telephone:	
E-mail:	
Date of birth (dd/mm/yyyy):	
Applicant's GP name:	
Applicant's GP surgery address:	

I hereby consent to the medical adviser to the licensing authority and/or the licensing assistant/manager receiving reports from my general practitioner or other doctors about my medical condition(s).	
Applicant's signature:	
Date:	
<i>Please sign in the presence of the medical practitioner who signs the report</i>	

SURGERY OR PRACTICE DETAILS:	
Name and address of surgery where this medical is carried out (if different from above)	
Name of medical practitioner carrying out medical examination	
Telephone:	
Email address for correspondence with the medical practitioner in connection with this medical	

Please ensure all questions are answered with a tick in the relevant shaded area. Add notes where necessary and use the additional space in section 7 if required. **Please sign and date each page where indicated.**

Drivers who have ever suffered from any of the conditions at 1 (a) or (b) must satisfy the exercise testing requirements of the DVLA before the licence can be approved.

1. CARDIOVASCULAR	YES	NO	NOTES
a. Has the applicant suffered from or been treated for angina pectoris, myocardial infarction or undergone coronary artery surgery (inc angioplasty) during the last six weeks?			
b. Has the applicant ever suffered from heart failure?			
c. Is the resting BP consistently 180mg Hg systolic or more, or 100mg Hg diastolic or more despite treatment?			
d. Has a pacemaker been fitted within the last three months?			
e. Is there an untreated aortic aneurysm?			
f. Is there an arrhythmia which has caused or is likely to cause incapacity?			
g. Has a cardio-defibrillator device (other than a patient activated atrial defibrillator) been implanted?			
h. Is there a history of cardiomyopathy or heart and/or lung transplant?			
i. Is there a history of heart valve disease which has caused symptoms of embolism? If 'Yes' give details.			
j. Is there a complex congenital heart disorder?			

(Questions 2 (a) and 2 (b) must be answered.

2. DIABETES MELLITUS	YES	NO	NOTES
a. Is the applicant a diabetic treated by insulin or tablets which carry a risk of inducing hypoglycaemia? (i.e. Sulphonylureas, Glinides etc.)			
b. Is the applicant using a Continuous Glucose Monitoring System (CGMS)?			
If 'Yes' to any of the above, does the applicant currently meet the DVLA's qualifying conditions? (refer to the guidance document)			

Note: If 'Yes' to any answers please clarify with notes above and use section 7 if needed	
Doctor's signature:	
Date:	

3. NERVOUS SYSTEM	YES	NO	NOTES
a. Has the applicant had an epileptic attack in the last 10 years?			
b. Has the applicant taken any anti-epileptic medication in the last 10 years?			
c. Has the applicant suffered a loss of consciousness within the last 5 years for which investigation has not revealed a cause?			
d. Is there a history of narcolepsy, catalepsy or sleep disorder?			
e. Is there any progressive or disabling disorder of the nervous system?			
f. Has there been any liability to sudden attacks of disabling giddiness or fainting within the last 12 months?			
g. Has the applicant suffered from a stroke or Transient Ischemic Attack in the last 12 months?			
h. Does the applicant have any permanent disability or continuing significant risk factors following a stroke or TIA ?			
i. Has the applicant ever had, or been treated for an intracranial tumour, other than pituitary? If 'Yes' please give details.			
j. Is there a history of serious head injury?			
k. Is there a history of intracranial haematoma or haemorrhage?			
l. Has the applicant had an intracerebral abscess or subdural epyema in the last 10 years?			

Note: If 'Yes' to any answers please clarify with notes above and use section 7 if needed.	
Doctor's signature:	
Date:	

4. PSYCHIATRIC ILLNESS	YES	NO	NOTES
a. Has the applicant suffered from an acute psychotic episode of any type or cause during the last three years?			
b. Is there a significant likelihood of recurrence of any previous psychotic illness?			
c. Has the applicant suffered from a severe anxiety state or depressive illness in the last six months? (<i>If applicant maintained on medication but has been well, tick 'No'</i>)			
d. Is there any evidence of an organic brain disorder?			
e. Is there a severe learning disability?			
f. Is there a persistent behaviour disorder which may affect behaviour whilst driving?			
g. Is there a history of the misuse or abuse of drugs or alcohol during the last 3 years? If 'Yes' please give details.			

5. VISION (2013 REVISION)	YES	NO	NOTES
<p>Please answer all questions. If you do not have the equipment to carry out the checks or if you answer 'Yes' to any of the questions then you should refer the applicant to an ophthalmic specialist or optician for an accurate assessment.</p> <p>Use section 7 to add additional information where relevant.</p>			
a(i). Is the visual acuity (with spectacles or contact lenses if necessary – lenses must not be of a corrective power greater than plus 8 (+8) dioptres); Poorer than 6/60 in the worse eye?			
a(ii). Poorer than 6/ 7.5 in the better eye?			
b. Is the applicants' vision less than the prescribed standard for reading a number plate?			
c. Does the applicant have monocular vision?			
d. Is there insuperable diplopia or a pathological field defect?			

Note: If 'Yes' to any answers please clarify with notes above and use section 7 if needed.	
Doctor's signature:	
Date:	

6. OTHER CONDITIONS	YES	NO	NOTES
a. Has the applicant any significant disability?			
b. Is the applicant on any medication which may impair his/her ability to drive safely?			
c. Does the applicant suffer from any disease or disability not mentioned above which is likely to interfere with the safe discharge of his or her duties as a driver, or to cause driving by him or her on a vocational licence to be a source of danger to the public? If 'Yes' please give additional details.			

7. ADDITIONAL NOTES
Use the area below to add any additional relevant information or extra notes. Please refer to the relevant numbered section in the form where necessary.

Note: If 'Yes' to any answers please clarify with notes above and use section 7 if needed.	
Doctor's signature:	
Date:	

**DECLARATION BY EXAMINING PHYSICIAN:
Please complete either section A or B then complete section C and D**

A. Applicant's own GP:	I am the applicants own GP and have access to his/her complete medical history.		
Full name: (BLOCK CAPITALS)			
Signature:			
Date:			

B. Other medical practitioner:	The licensing authority will not accept a medical examination certificate from 3rd party GP's unless the medical practitioner has had reviewed the applicant's full medical summary. Please complete the declaration below.		
	I am a GP/medical practitioner and at the time of conducting the medical questionnaire I have been provided with the applicant's full medical summary. Please tick ✓ box to confirm	YES	NO
Date of medical summary:			
Comments relating to medical summary (if applicable).			
Full name: (BLOCK CAPITALS)			
Signature:			
Date:			

<p>C. I am the medical practitioner named above. Having examined the applicant named in this form, and having due regard to the advice and guidance issued to medical professionals by the DVLA in respect of Group II drivers, I believe:</p> <p style="text-align: right;">(please tick the relevant box)</p>	<input checked="" type="checkbox"/>
<p>The applicant satisfies the medical requirements to hold a Hackney Carriage/Private Hire Drivers Licence.</p>	
<p>The applicant does not satisfy the medical requirements to hold a Hackney Carriage/ Private Hire Drivers Licence.</p>	
<p>This form must be stamped in the box adjacent. Certificates which are not fully completed will be returned. Please refer to the checklist below which is included for your reference and to avoid unnecessary delays for the applicant.</p>	<p>SURGERY OR PRACTICE STAMP</p>

<p>D. Please check: All questions have been answered, and all shaded areas completed appropriately</p>	<input checked="" type="checkbox"/>
<p>Any questions answered 'Yes' have additional notes where relevant.</p>	
<p>Each page of the questionnaire bears a date and signature from the medical practitioner</p>	
<p>All numbered pages are included. The form comprises 8 numbered pages.</p>	
<p>The applicant has completed and signed the box on page 2.</p>	
<p>Either section A or section B on page 7 has been properly completed.</p>	
<p>Form bears a surgery stamp and the satisfies / does not satisfy box has been ticked clearly.</p>	

A Group II medical remains valid until the age of 45 at which time a further Group II medical will be required. Thereafter a further medical is required every 5 years until the age of 65. From the age of 65, an annual medical is required. Insulin diabetics will require an annual medical regardless of age.