Licensing Team
Public Protection
Shirehall
Abbey Foregate
Shrewsbury, SY2 6ND
Tel: 0345 678 9046
Email: taxis@shropshire.gov.uk

Shropshire Council

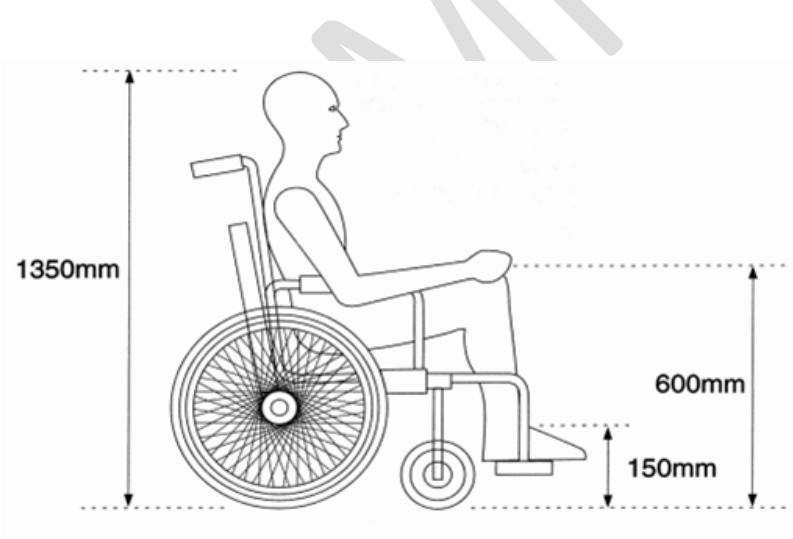
Medical Examination Report to accompany Exemption Application Form under section 165 of Equality Act 2010 Guidance notes

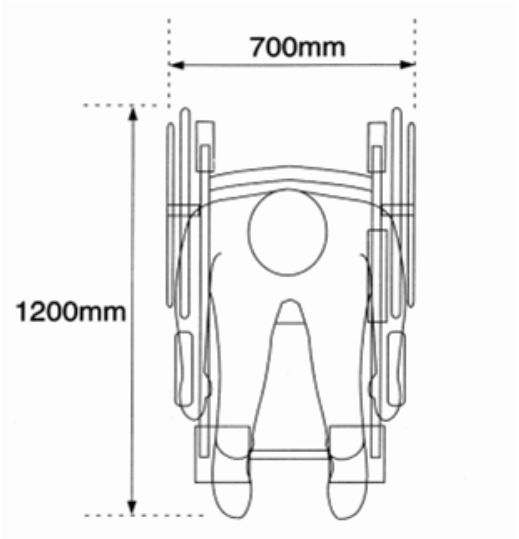
Exemption, on the medical grounds, from the duties to assist wheelchair passengers in accordance with Section 165 of the Equality Act 2010

Mobility assistance is defined as assistance:

- to enable the passenger to get into or out of the vehicle
- where if the passenger wishes to remain in the wheelchair, to enable the passenger to get into and out of the vehicle while in the wheelchair
- to load the passenger's luggage into or out of the vehicle
- if the passenger does not wish to remain in the wheelchair, to load the wheelchair into or out of the vehicle

As there are numerous shapes and sizes of wheelchair this assessment should be based on the applicant's ability to perform the above with a 'reference wheel chair'. The Department for Transport consider a reference wheelchair to be as illustrated below:





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Medical Exemption Certificate for Hackney Carriage/Private Hire Drivers

Name of Driver:

Date of Birth ☐☐ ☐☐ ☐☐

Address:

☐ The applicant does have a medical condition or disability which would make it difficult for them to provide physical assistance to persons in wheelchairs?

☐ The applicant does not have a medical condition or disability which would make it difficult for them to provide physical assistance to persons in wheelchairs?

If the applicant does have medical condition or disability which would make it difficult for them to provide physical assistance to persons in wheelchairs, please give details of the condition/disability and for how long they cannot be undertaken (continue on a separate sheet if necessary). Please attach any relevant medical reports.

Is this a permanent condition? Yes / No
Is this a temporary condition? Yes / No
If 'Yes' please give date that, in your opinion, a Temporary Exemption should be granted until:
☐☐ ☐☐ ☐☐

Please tick ✓ Yes

- I confirm that this report was completed at examination and that I am currently GMC registered and licensed to practice in the UK or I am a doctor who is registered to practice medicine within the EU, if the report was completed outside of the UK. ☐
- I confirm that I have seen and consulted the applicant's original medical records and that all the details provided are correct. ☐

Surgery Stamp:

Doctor's signature:

Doctor's name (please print):

GMC Registration Number:

Date of Examination: