Licensing Team
Public Protection
Shirehall
Abbey Foregate
Shrewsbury, SY2 6ND
Tel: 0345 678 9046
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Medical Examination Report - Guidance notes

A. General

It is the Council's policy that all drivers undertake a medical examination to ensure their fitness to drive. The standards required are as laid down in the DVLA publication **"At a Glance Guide to the Current Medical Standards of Fitness to Drive"** and a copy of this document can found at www.gov.uk/government/publications/at-a-glance. The standard required is the "Group 2 Entitlement".

Applicants would be screened for fitness before a licence is issued and at five-yearly intervals from age 45.

Applicants over the age of 65 or who attain the age of 65 during a licensed period will be required to provide a medical certificate annually.

Before consulting the doctor please read the notes on medicals. If you have any of the conditions listed, a licence may be refused or revoked.

If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your practice doctor/optician before you arrange for this medical form to be completed. The doctor will normally charge you for completing it. In the event of your application being refused, the fee you pay the doctor is not refundable. The Council has no responsibility for the fee payable to the doctor.

Since 2002, licence holders have had a legal duty to carry guide, hearing or other prescribed assistance dogs, accompanying a disabled person, and to do so without charge for the dog. Drivers may only be exempted from these duties on medical grounds. A medical certificate for this purpose is a separate issue to the medical requirements of fitness to drive and is not included in this examination.

Fill in the Consent Form at the end of this form in the presence of the doctor carrying out the examination.

B. Important Changes

Who can fill in this form - Medical examinations must be carried out by the applicant's registered General Practitioner (GP) or any registered GP / Medical Practitioner who confirms, in writing, that they have seen the applicant's medical records.

The medical examination report now includes a vision assessment that must be completed by a doctor or optician/optometrist. Some doctors will be able to fill in both the vision and medical assessment sections 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 standard or if you have a minus (-) eyesight prescription, your

doctor may be able to complete the whole report. If you wear glasses (not contact lenses) and you have asked a doctor to fill in the report, you must take your current eyesight prescription to the medical assessment appointment.

C. What you need to do

- Check you meet the Group 2 medical standards
- Arrange an appointment to have the medical examination form completed
- Check before arranging an appointment that the doctor is able to measure the visual acuity to the 6/7.5 line of a Snellen chart and, where applicable, can confirm the strength of your glasses (dioptres) from your prescription
- Take a form of identity with you to the examination e.g. passport, driving licence
- Send the completed medical certificate, vision assessment and medical examination report to Licensing Team, Shropshire Council, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND

D. Information for the doctor

Please arrange for the patient to be seen and examined to at least the vocational driver medical standards. Information is available in the DVLA's "At A Glance" booklet which is available to download at www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals.

Please examine the applicant fully and complete the Medical Certificate section of this report.

Only complete the vision assessment if you are able to fully and accurately complete all the questions. If you are unable to do this you must advise the applicant of this and the need for them to arrange to have this part of the assessment completed by an optician or optometrist.

Please ensure that you confirm the applicant's identity before the examination.

Applicants who may be asymptomatic at the time of 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, DVLA, Swansea, SA99 1TU immediately, and the Council.

E. Information for the optician/optometrist

The vision assessment can be completed by a doctor, optician or optometrist, however, in some cases the doctor may not be able to fully complete the report and will have advised the applicant to arrange an appointment with an optician/optometrist. Please complete the vision assessment report to the Group 2 medical standards. Eyesight standards are explained in section F, point 1, Eyesight. Further Information is available in the DVLA's "At A Glance" booklet which is available to download at www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals.

Please ensure that you confirm the applicant's identity before the examination.

Applicants who may be asymptomatic at the time of 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, DVLA, Swansea, SA99 1TU immediately, and the Council.

F. Group 2 Medical Standards

Medical standards for drivers of Hackney Carriages and Private Hire Vehicles are higher than those required for car drivers and as such it is advised that applicants should be examined to the standards suggested below.

1. Eyesight

Visual acuity

All drivers must be able to read in good light, with glasses or contact lenses if worn, a car number plate from 20 metres (post 01.09.2001 font) and have eyesight (visual acuity) of 6/12 (decimal Snellen equivalent 0.5) or better.

Applicants for Group 2 entitlements must also have, as measured by the 6 metre Snellen chart:

- a visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye
- a visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the worse eye

This may be achieved with or without glasses or contact lenses.

If glasses (not contact lenses) are worn, the distance spectacle prescription of either lens used must not be of a corrective power greater than plus 8 (+8) dioptres in any meridian.

Visual field

The horizontal visual field should be at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.

Monocular vision

Drivers who have sight in one eye only or their sight in one eye has deteriorated to a corrected acuity of less than 3/60 (decimal Snellen equivalent 0.05) cannot normally be licensed to drive Group 2 vehicles.

Uncontrolled symptoms of double vision

If you have uncontrolled symptoms of double vision, or you have double vision treated with a patch, you will not be allowed to hold a hackney carriage/private hire driver's licence.

2. Epilepsy or liability to epileptic attacks

If you have been diagnosed as having epilepsy, (this includes all events: major, minor and auras), you will need to remain free of seizures without taking anti-epilepsy medication for 10 years.

If you have a condition that causes an increased liability to seizures, for example a serious head injury, the risk of you having a seizure must have fallen to no greater than 2% per annum prior to application.

Shropshire Council must refuse an application or revoke the licence if you cannot meet these conditions.

If you have had only an isolated seizure, you may be entitled to drive 5 years from the date of the seizure, provided that you are able to satisfy the following criteria:

- no relevant structural abnormality has been found in the brain on imaging
- no definite epileptic activity has been found on EEG (record of the brain waves)
- you have not been prescribed medication to treat the seizure for at least 5 years since the seizure
- you have the support of your neurologist

- your risk of a further seizure is considered to be 2% or less per annum (each year).

You are strongly advised to discuss your eligibility to apply for a hackney carriage/private hire driver's licence with your doctor(s) before getting the medical examination report filled in.

3. Insulin treated diabetes

If you have insulin-treated diabetes you may be eligible to apply for a hackney carriage/private hire drivers licence.

An annual assessment by a hospital consultant specialising in the treatment of diabetes is required and you will have to meet strict criteria for controlling and monitoring your diabetes. This includes having at least 3 months of blood glucose readings available for inspection on a blood glucose meter(s) with a memory function.

For further information, please refer to leaflet INS186 – A guide for drivers with diabetes who wish to apply for vocational entitlement. This is available to download from www.gov.uk/diabetes-driving

4. Other Medical Conditions

An applicant or existing licence holder is likely to be refused or have an existing licence revoked if they cannot meet the recommended medical guidelines for any of the following:

- within 3 months of a coronary artery bypass graft (CABG)
- angina, heart failure or cardiac arrhythmia which remains uncontrolled
- implanted cardiac defibrillator
- hypertension where the blood pressure is persistently 180 systolic or more and/or 100 diastolic or more
- a stroke or transient ischemic attack (TIA) within the last 12 months
- unexplained loss of consciousness with liability to recurrence
- Meniere's disease, or any other sudden and disabling vertigo within the past year, with a liability to recurrence
- major brain surgery and/or recent severe head injury with serious continuing after-effects or a likelihood of causing seizures
- Parkinson's disease, multiple sclerosis or other chronic neurological disorders with symptoms likely to affect safe driving
- psychotic illness in the past 3 years
- serious psychiatric illness
- if major psychotropic or neuroleptic medication is being taken
- alcohol and/or drug misuse in the past 1 year or alcohol and/or drug dependence in the past 3 years
- dementia
- cognitive impairment likely to affect safe driving
- any malignant condition in the last 2 years, with a significant liability to metastasise (spread) to the brain
- any other serious medical condition likely to affect the safe driving of a Group 2 vehicle
- cancer of the lung.

5. Facts you should know about excessive sleepiness/tiredness and driving

There is no excuse for falling asleep at the wheel and it is not an excuse in law.

- Up to one fifth of accidents on motorways and other monotonous types of roads may be caused by drivers falling asleep at the wheel.
- 18 – 30 year old males are more likely to fall asleep at the wheel when driving late at night.

- Modern life styles such as early morning starts, shift work, late and night socialising, often lead to excessive tiredness by interfering with adequate rest.
- Drivers who fall asleep at the wheel have a degree of warning.
- Natural sleepiness/tiredness occurs after eating a large meal.
- Changes in body rhythm produce a natural increased tendency to sleep at two parts of the day;
    - Midnight – 6am
    - 2pm – 4pm
- Although no one should drink and drive at any time, alcohol consumed in the afternoon may be twice as potent in terms of producing sleepiness and driving impairment as the same amount taken in the evening.
- Prescribed or over-the-counter medication can cause sleepiness as a side effect. Always check the label if you intend to drive.

Medical conditions causing sleepiness

All drivers are subject to the pressures of modern life, but many drivers are unaware that some medical conditions also cause excessive sleepiness/tiredness. These, alone or in combination with the factors mentioned previously, may be sufficient to make driving unsafe. A road traffic accident may be the first clear indication of such a sleep disorder.

Obstructive Sleep Apnoea Syndrome (OSAS)

- OSAS is the most common sleep-related medical disorder.
- OSAS significantly increases the risk of traffic accidents.
- OSAS occurs most commonly, but not exclusively, in overweight individuals.
- Partners often complain about snoring and notice that the sufferers have breathing pauses during sleep.
- OSAS sufferers rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing.
- Long distance lorry and bus drivers affected by OSAS are of great concern as most will be driving on motorway type of roads and the size or nature of the vehicle gives little room for error.
- At least four in every hundred men have OSAS.
- Sleep problems arise more commonly in older people.
- Lifestyle changes, for example weight loss or cutting back on alcohol, will help ease the symptoms of OSAS.
- The most widely effective treatment for OSAS is Continuous Positive Airway Pressure (CPAP). This requires the patient to wear a soft face mask during sleep to regulate breathing. This treatment enables patients to have a good night's sleep, so reducing daytime sleepiness and improving concentration.

Other sleep related conditions

Illnesses of the nervous system, such as Parkinson's disease, multiple sclerosis (MS), motor neurone disease (MND) and narcolepsy may also cause excessive sleepiness or fatigue although sometimes these illnesses alone may cause drivers to be unfit for driving.

Tiredness or excessive sleepiness can be a non-specific symptom of Parkinson's disease, MS, MND or may also be related to prescribed medication.

Narcolepsy also causes daytime sleepiness/tiredness as well as other symptoms that may be disabling for drivers.

After completion of the medical please send the Certificate and Medical Examination report to the Licensing Team

Licensing Team
Public Protection
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Medical Certificate for Hackney Carriage and Private Hire Drivers

Name of Driver:	Date of Birth ☐☐ ☐☐ ☐☐
Address:	
Date of examination:	

☐ The applicant meets the DVLA C1 Category group 2 medical standard of fitness and is therefore **fit** to drive hackney carriage/private hire vehicles.

☐ The applicant does not meet the C1 Category group 2 medical standard of fitness and is therefore **not fit** to drive hackney carriage/private hire vehicles.

☐ I have found a possible medical problem but I recommend that you grant him a licence for the time being and that you follow my recommendations below regarding further medical evidence:

Please provide details of the medical condition, any recommendations and, where applicable, state the recommended frequency of medical examinations

Surgery Stamp:

Doctor's signature:	
Doctor's name (please print):	
Date of examination:	

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Medical Examination Report
Vision Assessment

To be completed by the doctor or optician/optometrist (please use black ink)
Please answer **all** questions and read the attached guidance notes to help you complete this vision assessment form

Please tick ✓ the appropriate box(es)

1. Please confirm (✓) the scale you are using to express the driver's visual acuities.

   Snellen ☐ Snellen expressed as a decimal ☐

   LogMAR ☐

		Yes	No
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 to meet this standard)	☐	☐
3.	Do corrective lenses have to be worn to achieve this standard?	☐	☐

   If Yes, glasses ☐ contact lenses ☐ both together ☐

4. Please state the visual acuity of each eye.

   Please convert any 3 metre readings to the 6 metre equivalent.

Uncorrected		**Corrected (using the prescription worn for driving)**	
Right	Left	Right	Left

5.	If glasses (not contact lenses) are worn for driving, is the corrective power greater than plus (+) 8 dioptres in any meridian of either lens?	☐	☐
6.	If correction is worn for driving, is it well tolerated?	☐	☐

   If **No**, please give full details in the Details box provided.

If you answer yes to any of the following give details in the box provided

7.	Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)?	☐	☐
8.	Is there diplopia?	☐	☐
	Is it controlled?	☐	☐

   If **Yes**, please provide full details in the box provided.

9.	Does the applicant on questioning, report symptoms of intolerance to glare and/or impaired contrast sensitivity and/or impaired twilight vision?	☐	☐
10.	Does the applicant have any other ophthalmic condition?	☐	☐

Details / additional information

Date of eyesight examination if different to date of signature ☐☐ ☐☐ ☐☐

Name of examining doctor / optician (print)

Signature of examining doctor / optician

Date of Signature ☐☐ ☐☐ ☐☐

Doctor / optometrist / optician's stamp

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Medical Examination Report

To be completed by the doctor (please use black ink)
Please answer **all** questions and read the attached guidance notes to help you complete this medical examination report

Please tick ✓ the appropriate box(es)

1. Nervous System

		Yes	No
1.	Has the applicant had any form of seizure? If No, please go to question 2 below.	☐	☐
	a. Has the applicant had more than one attack?	☐	☐
	b. Please give date of first and last attack		
	First attack ☐☐ ☐☐ ☐☐		
	Last attack ☐☐ ☐☐ ☐☐		
	c. Is the applicant currently on anti-epileptic medication If **Yes**, please fill in current medication in **section 8**	☐	☐
	d. If no longer treated, please give date when the treatment ended ☐☐ ☐☐ ☐☐		
	e. Has the applicant had a brain scan? If **Yes**, please give details in **section 6**	☐	☐
	f. Has the applicant had an EEG? If **Yes** to any of the above, please supply reports if available	☐	☐
2.	Is there a history of blackout or impaired consciousness within the last 5 years? If **Yes**, please give date(s) and details in **section 6**	☐	☐
3.	Does the applicant suffer from narcolepsy/cataplexy? If **Yes**, please give date(s) and details in **section 6**	☐	☐
4.	Is there a history of, or evidence of **ANY** of the conditions listed at a-h below? If **No**, go to **section 2** If **Yes**, please tick the relevant box(es) and give full details (including dates) in **section 6**	☐	☐
	a. Stroke or TIA	☐	☐
	If Yes, please give date ☐☐ ☐☐ ☐☐		
	Has there been a full recovery?	☐	☐
	Has a carotid ultra sound been undertaken?	☐	☐

b.	Sudden and disabling dizziness/vertigo within the last year with a liability to recur	☐	☐
c.	Subarachnoid haemorrhage	☐	☐
d.	Serious traumatic brain surgery within the last 10 years	☐	☐
e.	Any form of brain tumour	☐	☐
f.	Other brain surgery or abnormality	☐	☐
g.	Chronic neurological disorders	☐	☐
h.	Parkinson's disease	☐	☐

2. Diabetes Mellitus

		Yes	No
1.	Does the applicant have diabetes mellitus? If **No**, please proceed to **section 3** If **Yes**, please answer the following questions.	☐	☐
2.	Is the diabetes managed by:		
	a. Insulin?	☐	☐
	If Yes, please give date started on insulin ☐☐ ☐☐ ☐☐		
	b. If treated with insulin, are there at least 3 months of blood glucose readings stored on a memory meter(s)? If No, please give details in section 6	☐	☐
	c. Other injectable treatments?	☐	☐
	d. A Sulphonylurea or a Glinide?	☐	☐
	e. Oral hypoglycaemic agents and diet? If **Yes** to any of a-e, please fill in current medication in **section 8**	☐	☐
	f. Diet only?	☐	☐
3.	a. Does the applicant test blood glucose at least twice every day?	☐	☐
	b. Does the applicant test at times relevant to driving?	☐	☐
	c. Does the applicant keep fast acting carbohydrate within easy reach when driving?	☐	☐
	d. Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?	☐	☐
4.	Is there any evidence of impaired awareness of hypoglycaemia?	☐	☐
5.	Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?	☐	☐
6.	Is there evidence of:		
	a. Loss of visual field?	☐	☐
	b. Severe peripheral neuropathy, sufficient to impair limb function for safe driving?	☐	☐

If **Yes** to any of 4-6 above, please give details in **section 6**

7. Has there been laser treatment or intra-vitreal treatment for retinopathy? ☐ ☐

If **Yes**, please give date(s) of treatment ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐
☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

3. Psychiatric Illness

All the questions must be answered

Please provide copies of relevant hospital notes

If the applicant remains under specialist clinic(s), ensure details are given in **section 7**

		Yes	No
	Is there a history of, or evidence of **ANY** of the conditions listed at 1-7 below?	☐	☐
1.	Significant psychiatric disorder within the past 6 months	☐	☐
2.	Psychosis or hypomania / mania within the past 3 years, including psychotic depression	☐	☐
3.	Dementia or cognitive impairment	☐	☐
3.	Persistent alcohol misuse in the past 12 months	☐	☐
4.	Alcohol dependence in the past 3 years	☐	☐
5.	Persistent drug misuse in the past 12 months	☐	☐
6.	Drug dependence in the past 3 years	☐	☐

If Yes to any of questions 4-7, please state how long this has been controlled

Please give details of past consumption or name of drug(s) and frequency

4 Cardiac

4a Coronary Artery Disease

		Yes	No
	Is there a history of, or evidence of, coronary artery disease? If **No**, please go to **section 4b** If **Yes** please answer all questions below and give details at **section 6** of the form and enclose relevant hospital notes.	☐	☐
1.	Has the applicant suffered from angina?	☐	☐
	If **Yes**, please give the date of the last known attack ☐☐ ☐☐ ☐☐		
2.	Acute coronary syndrome including myocardial infarction	☐	☐
	If **Yes**, please give date(s) ☐☐ ☐☐ ☐☐		
3.	Coronary angioplasty (P.C.I)	☐	☐

If **Yes**, please give the date of most recent intervention ☐☐ ☐☐ ☐☐

4. Coronary artery by-pass graft surgery? ☐ ☐

   If **Yes**, please give date ☐☐ ☐☐ ☐☐

4b Cardiac Arrhythmia

	Yes	No
Is there a history of, or evidence of, cardiac arrhythmia? If **No**, please go to **Section 4c** If **Yes** please answer all questions below and give details in **section 6**	☐	☐
1. 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 the last 5 years	☐	☐
2. Has the arrhythmia been controlled satisfactorily for at least 3 months?	☐	☐
3. Has an ICD or biventricular pacemaker (CRT-D Type) been implanted?	☐	☐
4. Has a pacemaker been implanted? If **Yes:**	☐	☐
a. Please supply date of implantation ☐☐ ☐☐ ☐☐		
b. Is the applicant free of symptoms that caused the device to be fitted?	☐	☐
c. Does the applicant attend a pacemaker clinic regularly?	☐	☐

4c Peripheral Arterial Disease (excluding Buerger's Disease) aortic aneurysm dissection

	Yes	No
Is there a history or evidence of **ANY** of the following: If **No**, go to **section 4d** If **Yes**, please answer all questions below and give details in **section 6**	☐	☐
1. Peripheral arterial disease	☐	☐
2. Does the applicant have claudication?	☐	☐
If **Yes**, how long in minutes can the applicant walk at a brisk pace before being symptom-limited?		
Please give details:		
3. Aortic aneurysm	☐	☐
If **Yes:**		
a. Site of Aneurysm: Thoracic ☐ Abdominal ☐		
b. Has it been repaired successfully?	☐	☐
c. Is the transverse diameter currently more than 5.5 cm?	☐	☐
If **No**, please provide latest measurement and date obtained ☐☐ ☐☐ ☐☐		
4. Dissection of the aorta repaired successfully	☐	☐

If **Yes**, please provide copies of all reports to include those dealing with any surgical treatment

5. Is there a history of Marfans's disease? ☐ ☐
   If **Yes**, provide copies of relevant hospital notes

4d Valvular/Congenital Heart Disease

	Yes	No
Is there a history or evidence, of valvular/congenital heart disease?	☐	☐

If **No**, please go to **section 4e**
If **Yes,** please answer **all** questions below and give details in **section 6**

1.	Is there a history of congenital heart disorder?	☐	☐
2.	Is there a history of heart valve disease?	☐	☐
3.	Is there a history of aortic stenosis? If **Yes**, please provide relevant reports	☐	☐
4.	Is there any history of embolism? (**not** pulmonary embolism)	☐	☐
5.	Does the applicant currently have significant symptoms?	☐	☐
6.	Has there been any progression since the last licence application? (if relevant)	☐	☐

4e Cardiac other

	Yes	No
Does the applicant have a history of **ANY** of the following conditions?	☐	☐

If **No**, go to **section 4f**
If **Yes**, please answer **all** questions and give details in **section 6**

a.	A history of, or evidence of heart failure?	☐	☐
b.	Established cardiomyopathy?	☐	☐
c.	Has a left ventricular assist device (LVAD) been implanted?	☐	☐
d..	A heart or heart/lung transplant?	☐	☐
e.	Untreated atrial myxoma	☐	☐

4f Cardiac investigations

All the questions must be answered		Yes	No
1.	Has a resting ECG been undertaken?	☐	☐
	If **Yes**, does it show:		
	a. pathological Q waves?	☐	☐
	b. left bundle branch block?	☐	☐
	c. right bundle branch block?	☐	☐
	If **yes** to a, b or c please provide a copy of the relevant ECG report or comment at **section 6**		
2.	Has an exercise ECG been undertaken (or planned)?	☐	☐

If **Yes**, please give date ☐☐ ☐☐ ☐☐
and give details in **section 6**
Please provide relevant reports if available.

3. Has an echocardiogram been undertaken (or planned)? ☐ ☐
   a. If **Yes**, please give date ☐☐ ☐☐ ☐☐
      and give details in **section 6**
   b. If undertaken, is/was the left ejection fraction greater than or equal to 40%? ☐ ☐

   Please provide relevant reports if available

4. Has a coronary angiogram been undertaken (or planned)? ☐ ☐

   If **Yes**, please give date ☐☐ ☐☐ ☐☐
   and give details in **section 6**
   Please provide relevant reports if available

5. Has a 24 hour ECG tape been undertaken (or planned)? ☐ ☐

   If **Yes**, please give date ☐☐ ☐☐ ☐☐
   and give details in **section 6**
   Please provide relevant reports if available

6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)? ☐ ☐

   If **Yes**, please give date ☐☐ ☐☐ ☐☐
   and give details in **section 6**
   Please provide relevant reports if available

4g Blood Pressure

1. Please record today's blood pressure reading ☐

	Yes	No
2. Is the applicant on anti-hypertensive treatment	☐	☐

If Yes provide three previous readings with dates if available

☐ ☐☐ ☐☐ ☐☐

☐ ☐☐ ☐☐ ☐☐

☐ ☐☐ ☐☐ ☐☐

5 General

All the questions must be answered

If **Yes** to any, give full details in **section 6**	Yes	No
1. Is there **currently** any functional impairment that is likely to affect control of the vehicle?	☐	☐
2. Is there a history of bronchogenic carcinoma or other malignant tumour with	☐	☐

a significant liability to metastasise cerebrally?

3. Is there any illness that may cause significant fatigue or cachexia that affects safe driving? ☐ ☐

4. Is the applicant profoundly deaf? ☐ ☐

   If **Yes**, is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. a textphone? ☐ ☐

5. Does the applicant have a history of liver disease of any origin? ☐ ☐

   If **Yes**, please give details in **section 6**

6. Is there a history of renal failure? ☐ ☐

   If **Yes**, please give details in **section 6**

7. Is there a history of, or evidence of, obstructive sleep apnoea or any other medical condition causing excessive day time sleepiness?

   If Yes, please give diagnosis

   Please give

   i. Date of diagnosis ☐☐ ☐☐ ☐☐

   ii. Is it controlled successfully? ☐ ☐

   iii. If Yes, please state treatment

   iv. Please state period of control

   v. Date last seen by consultant ☐☐ ☐☐ ☐☐

8. Does the applicant have sever symptomatic respiratory disease causing chronic hypoxia? ☐ ☐

9. Does any medication currently taken cause the applicant side effects that could affect safe driving?

   If **Yes**, please provide details of medication and symptoms in **section 6**

10. Does the applicant have an ophthalmic condition? ☐ ☐

    If **Yes**, please provide details in **section 6**

11. Does the applicant have any other medical condition that could affect safe driving? ☐ ☐

    If **Yes**, please provide details in **section 6**

6 Further Details

Please forward copes of relevant hospital notes.

PLEASE DO NOT send any notes not related to fitness to drive

7 Consultants' Details

Details of type of specialist(s)/consultants, including address.

Consultant in
Name
Address
Date of last appointment ☐☐ ☐☐ ☐☐

Consultant in
Name
Address
Date of last appointment ☐☐ ☐☐ ☐☐

Consultant in
Name
Address
Date of last appointment ☐☐ ☐☐ ☐☐

8 Medication

Please provide details of all current medication (continue on a separate sheet if necessary)

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

9 Additional Information

Patients weight (kg)	
Height (cms)	
Details of smoking habits, if any	
Number of alcohol units taken each week	

Examining doctor's details

To be filled in by doctor carrying out the examination

Please ensure all sections of the form have been completed. Failure to do so will result in the form being rejected

10 Doctor's Details (please print name and address in capital letters)

Name
Address
Telephone
Email address
Fax number

Surgery Stamp

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. ☐

GMC Registration Number

Signature of medical practitioner

Date of examination ☐☐ ☐☐ ☐☐

If you have filled in both the vision and medical assessments, both sections must be signed and dated.

11 Your Details

Your full name
Your address
Email address

Date of birth ☐☐ ☐☐ ☐☐

Home phone number

Work/daytime number

About your doctor/group practice

Doctor/group name
Address
Phone
Email address
Fax number

12 Applicant's consent and declaration

Consent and declaration

This section **MUST** be filled in and must **NOT** be altered in any way.
Please read the following important information carefully then sign to confirm the statements below.

Important information about consent

On occasion, as part of the investigation into your fitness to drive, Shropshire Council may require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your background medical details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be released.

Consent and declaration

I authorise my doctor(s) and specialist(s) to release reports / medical information about my condition relevant to fitness to drive to Shropshire Council's medical adviser.

I authorise Shropshire Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to doctors, paramedical staff and Panel members, and to release to my doctor(s) details of the outcome of my case and any relevant medical information.

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

I understand that it is a criminal offence if I make a false declaration in order to obtain a hackney carriage/private hire drivers' licence and can lead to prosecution.

Signature	
Name	
Date	

After completion of the medical please send the Medical Certificate, Vision Assessment and Medical Examination Report to: Licensing Team, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND