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Leeds
CITY COUNCIL

Legal, Licensing & Registration

Taxi and Private Hire Licensing

225 York Road

Leeds, LS9 7RY

Tel: 0113 2143366

Fax: 0113 2143369

taxiprivatehire.licensing@leeds.gov.uk

GROUP II MEDICAL EXAMINATION REPORT FORM

INFORMATION NOTES

It is a requirement under Section 57 of the Local Government (Miscellaneous Provisions) Act, 1976, to provide a Medical Examination Report to the effect that you are physically fit to drive a Public, Private Hire or Contract vehicle.

This form is to be completed by the applicant's own General Practitioner (GP) or another GP within the same practice and is for the confidential use of the Licensing Authority.

Upon reaching the age of 45 a Group II Medical Report Form is be required every 5 years until the age of 65. From the age of 65, each renewal must be accompanied by a Group II Medical Report Form.

Any fee charged is payable by the applicant.

- PLEASE USE THIS FORM TO RECORD MEDICAL EXAMINATION DETAILS
- PLEASE COMPLETE IN BLOCK CAPITAL LETTERS IN BLACK INK

Licensing Officers are not permitted to complete or amend forms on behalf of applicants for legal reasons.

The Taxi and Private Hire Licensing Section is committed to an accessible public transport system in which all members of society have the same opportunity to travel.

Taxis and Private Hire vehicles are a vital link in the transport chain and it is important that people who use them have confidence that drivers will accept them and transport them in safety and reasonable comfort, providing assistance as may be reasonably required.

OPENING TIMES

Monday – Thursday 08:00 – 15:30

Friday 08:00 – 15:00

Saturday/ Sunday CLOSED

2nd Tuesday in every month closed 08:00 – 10:00

Guidance Notes

What you have to do:

1. **Before** consulting your GP please read the notes 'Medical standards for drivers of passenger carrying vehicles', below.
2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your GP/Optician **before** you arrange for this medical form to be completed as your GP will normally charge you for completing it. In the event of your application being refused, the fee you pay your GP is **not** refundable. Leeds City Council has no responsibility for the fee payable to your GP.
3. Fill in Section 8 of this report in the presence of the GP carrying out the examination.
4. Application forms must be submitted together with the Group II Medical Report Form otherwise there may be delays in processing your application.

What the GP has to do:

1. Arrange for the patient to be seen and examined.
2. Complete Sections 1-7 and 9 of this report. You may find it helpful to consult the DVLA's "At a Glance" booklet. This is available for download at the 'medical rules for all drivers' Section of www.directgov.uk/motoring
3. Applicants who may be asymptomatic at the time of the examination should be advised that, in future they develop symptoms of a condition which could affect safe driving and they hold either a Hackney Carriage and/ or Private Hire driver licence they must inform the Taxi and Private Hire Licensing Section at 225 York Road, Leeds LS9 7RY.
4. Please ensure that you have completed all Sections within this form. If this report does not bring out important clinical details with respect to driving, please give details in Section 7.

Medical standards for drivers of passenger carrying vehicles:

Medical standards for drivers of passenger carrying vehicles are higher than those required for car drivers. The following conditions are likely to be a bar to the holding of a Hackney Carriage/ Private Hire driver licence:

1. Epileptic Attack

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. The Taxi and Private Hire Licensing Section are likely to refuse or revoke the licence if these conditions cannot be met.

2. Diabetes

Insulin treated diabetics licensed before 1 April 1991 are dealt with individually and licensing is subject to satisfactory annual consultant medical certification and to the proviso that they are not suffering from any other relevant disabilities. Since 1 April 1991 diabetic patients on insulin are barred from first applying for a passenger carrying vehicle driving licence and from renewing thereafter unless they can meet the criteria of Appendix C1.

3. Eyesight

All applicants must be able to read in good daylight a number plate at 20.5 metres (67 feet) and, if glasses or corrective lenses are required to do so, these must be worn while driving.

In addition applicants must have:

- A visual acuity of at least 6/9 in the better eye
- A visual acuity of at least 6/12 in the worse eye
- If these are achieved by correction the uncorrected visual acuity in each eye must be no less than 3/60

Applicants are also barred from holding a licence if they have:

- Uncontrolled diplopia (double vision)
- Or do not have a normal binocular field of vision

4. Other medical conditions

In addition applicants and renewals are likely to be refused if they are unable to meet the national recommended guidelines in the following cases:

- within three months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty
- a significant disturbance of cardiac rhythm occurring within the past five 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 or TIA within the last twelve months
- unexplained loss of consciousness within the past five years
- Menieres and other conditions causing disabling vertigo, within the past twelve months and with a liability to recurrence
- 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 three years or suffering from dementia
- alcohol dependency or misuse or persistent drug or substance misuse or dependency in the past three 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 passenger carrying vehicle
- if major psychotropic or neuroleptic medication is being taken
- any malignant condition within the last two years likely to metastasise to the brain

Medical Examination

Section 1 - Vision

1. Is the visual acuity as measured by the Snellen chart AT LEAST 6/9 in the better eye, and at least 6/12 in the other? (corrective lenses may be worn)

Yes No

2. Do corrective lenses have to be worn to achieve this standard?

Yes No

a) If yes, is the uncorrected acuity at least 3/60 in the right eye?

Yes No

b) Is the uncorrected acuity by the Snellen chart at least 3/60 in the left eye? (3/60 being the ability to read the 60 line of the Snellen chart at 3 metres)

Yes No

c) Is the correction well tolerated?

Yes No

d) Please state all the visual acuities for all applicants

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4. Is there a full binocular field of vision? (central and peripheral)

Yes No

If no, and there is a visual field defect please give details in Section 7 and enclose a copy of recent field charts, if possible.

5. Is there uncontrolled diplopia?

Yes No

If yes, please give details in Section 7

6. Does the applicant have any other ophthalmic condition?

Yes No

If yes, please give details in Section 7

Please state if you are using a half size Snellen chart at 3m.

Yes No

Section 2 – Nervous System

1. Has the applicant had any form of epileptic attack?

Yes No

a) If yes, please give date of last attack

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b) If treated, please give date when treatment ceased

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2. Is there a history of blackout or impaired consciousness within the last 5 years?

Yes No

If yes, please give date(s) and details in Section 7

a) Loss of visual field? Yes No

b) Has there been bilateral laser treatment? If yes, please give date

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c) Severe peripheral neuropathy? Yes No

d) Significant impairment of limb function or joint position sense?
 Yes No

e) Significant episodes of hypoglycaemia? Yes No

f) Complete loss of warning systems of hypoglycaemia? Yes No

If yes to any of the above, please give details in Section 7

Section 4 – Psychiatric Illness

1. Has the applicant suffered from or required treatment for a psychotic illness in the past 3 years?
 Yes No

If yes, please give date(s) and details in Section 7

2. Has the applicant required treatment for any other significant psychiatric disorder within the past 6 months?
 Yes No

If yes, please give date(s), details of medication and period of stability in Section 7

3. Is there any evidence of dementia or cognitive impairment?
 Yes No

If yes, please give details in Section 7

4. Is there a history or evidence of alcohol misuse or dependency in the past 3 years?
 Yes No

5. Is there a history or evidence of persistent drug or substance misuse or dependency in the past 3 years?
 Yes No

If yes, to question 4 or 5, please give details in Section 7

Section 5 – General

1. Has the applicant **currently** a significant disability of the spine or limbs which is likely to impair control of the vehicle?

Yes No

If yes, please give details in Section 7

2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma with a significant liability to metastasise cerebrally?

Yes No

If yes, please give dates and diagnosis and state whether there is current evidence of dissemination

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3. Is the applicant profoundly deaf?

Yes No

If yes, could this be overcome by any means to allow a telephone to be used in an emergency? Yes No

4. Does the applicant have a medical condition which is aggravated by exposure to dogs?

Yes No

If Yes, medical information is required to support an exemption from the duty to carry assistance dogs in Section 7.

5. Does the applicant have a medical condition that would make it difficult for them to carry passengers in wheelchairs?

Yes No

If Yes, medical information is required to support an exemption from the duty to carry passengers in wheelchairs in Section 7.

Section 6 – Cardiac

A – Coronary Artery Disease

Is there a history of:

1. Myocardial Infarction?

Yes No

If YES, please give date(s)

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2. Coronary artery by-pass graft?

Yes No

If yes, please give date(s)

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3. Coronary Angioplasty?

Yes No

If yes, please give date(s)

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4. Any other Coronary artery procedure?

Yes No

If yes, please give details in Section 7

5. Has the applicant suffered from Angina?

Yes No

If yes, please give the date of the last attack

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6. Has the applicant suffered from Heart Failure?

Yes No

If yes, is the applicant still suffering from Heart Failure or only remains controlled by use of medication?

Yes No

7. Has a resting ECG been undertaken? If no, proceed to question 8

Yes No

If yes, please give date

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a) Does it show pathological Q waves? Yes No

b) Does it show Left Bundle branch block? Yes No

8. Has an exercise ECG been undertaken (or planned)?

Yes No

If yes, please give date and give details in Section 7. Sight/copy of the exercise test result/report (if done in the last 3 years) would be useful.

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9. Has an angiogram been undertaken (or planned)?

Yes No

If yes, please give date and give details in Section 7

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B – Cardiac Arrhythmia

1. Has the applicant had a significant documented disturbance of cardiac rhythm within the past 5 years?

Yes No

If yes, please give details in Section 7

If no, proceed to C – Other Vascular Disorders

2. Has the arrhythmia (or its medication) caused symptoms of sudden dizziness or impairment of consciousness or any symptom likely to distract attention during driving within the past 2 years?

Yes No

3. Has Echocardiography been undertaken?

Yes No

If yes, please give details in Section 7

4. Has an exercise test been undertaken?

Yes No

If yes, please give details in Section 7

5. Has a Cardiac defibrillator or antiventricular tachycardia device been implanted?

Yes No

6. Has a PACEMAKER been implanted?

Yes No

If no, proceed to C – Other Vascular Disorders

If yes, was it implanted to prevent Bradycardia?

Yes No

a) Is the applicant continuing to suffer from sudden and/or disabling symptoms?

Yes No

b) Does the applicant attend a pacemaker clinic regularly?

Yes No

C – Other Vascular Disorders

1. Is there a history of Aortic aneurysm (thoracic or abdominal) with a transverse diameter of 5cms or more?

Yes No

If no, proceed to D – Blood Pressure

If yes, has the aneurysm been successfully repaired?

Yes No

2. Has there been disSection of the Aorta?

Yes No

3. Is there a history or evidence of peripheral vascular disease?

Yes No

If yes, please give details in Section 7

D – Blood Pressure

1. Does the patient suffer from hypertension requiring treatment?
 Yes No
 - a) If yes, is the systolic pressure consistently greater than 180?
 Yes No
 - b) Is the diastolic pressure consistently greater than 100?
 Yes No
 - c) Does the hypertensive treatment cause any side effects likely to affect driving ability?
 Yes No
2. Is it possible that the patient suffers from hypertension but as yet the diagnosis is definitely established?
 Yes No

If yes, please supply last 3 readings and dates obtained in Section 7

E – Valvular Heart Disease

1. Is there a history of acquired valvular heart disease (with or without surgery)?
 Yes No

If no, proceed to F - Cardiomyopathy

2. Is there a history of embolism? (not pulmonary embolism)
 Yes No

If yes, please give details in Section 7

3. Is there a persistent dilation of hypertrophy of either ventricle?
 Yes No

If yes, please give details in Section 7

F – Cardiomyopathy

1. Is there established cardiomyopathy?
 Yes No
2. Has there been a heart or heart/lung transplant?
 Yes No

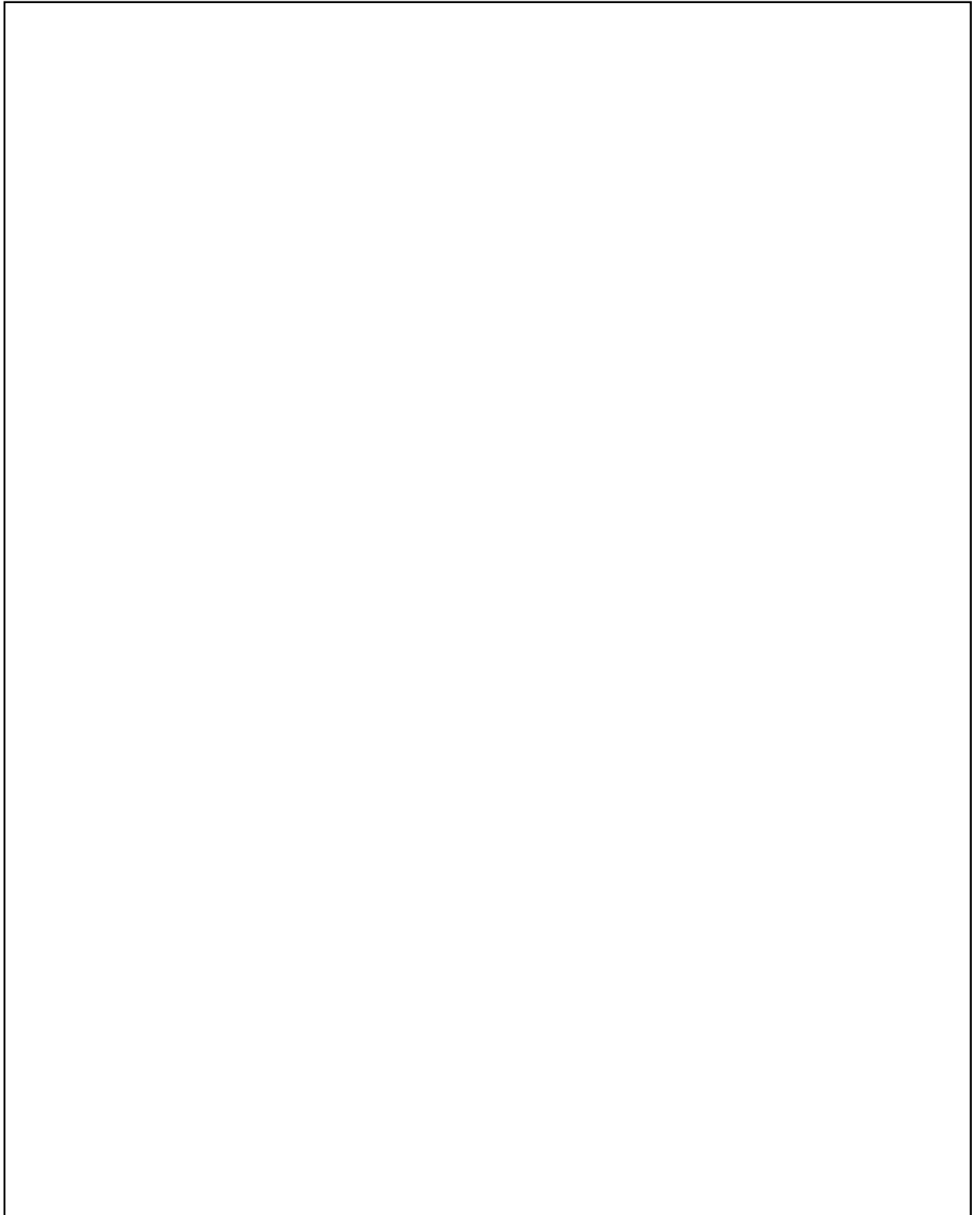
If yes, please give details in Section 7

G – Congenital Heart Disorders

1. Is there a congenital heart disorder?
 Yes No
- If yes, please give details in Section 7
2. Is the patient in the care of a Specialist cardiac clinic?
 Yes No

If yes, please give details in Section 7

Section 7 – to be completed by the GP if further notes/ comments are required in support of this medical examination. Please forward copies of relevant hospital notes if available.

A large, empty rectangular box with a black border, intended for the GP to provide further notes or comments. It occupies the majority of the page's vertical space below the introductory text.

Section 8 – Consent and declaration

This Section **MUST** be completed and must **NOT** be altered in any way.

Please sign the statement below.

I authorise my Doctor(s) and Specialist(s) to release reports to Leeds City Council Taxi and Private Hire Licensing Section about my medical condition. **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 authorise Leeds City Council Licensing Section to release medical information to my Doctor(s) and/or Specialist(s) about the outcome of my case. (This is to enable your Doctor to advise you about fitness to drive).

Signature

Date:

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Note about consent

You will see that we have asked for your consent for the release of medical reports from your Doctor(s), because we might wish you to be examined by Leeds City Council's preferred, authorised Occupational Health provider.

This will enable the medical adviser to understand about a patient's medical condition in order to produce a helpful report if required. Only occasionally do we need to do this and it may well not apply in your case. We never under any circumstances release information which is not relevant to fitness to drive, nor would we expect to receive this from your Doctor(s).

We hope you will find this helpful and reassuring and will return the signed consent so that we might proceed with our investigations.

Section 9 – General Practitioner declaration

I certify that I have today examined the named applicant and I consider him/ her

Fit Unfit

to act as a Public/ Private Hire/ Contract driver in the city of Leeds. I declare that the answers to all questions are true to the best of my knowledge and belief.

Name and Signature:

Date:

GP/ Practice Stamp:

Do you consider a further medical examination necessary before the applicant reaches the age of 45?

Yes No

If yes, I consider further examination necessary within

Years

Please give details as to why this is necessary:

PLEASE NOTE: It is an offence for the person completing this form to make a false statement or omit relevant details.

For Office Use Only

The details in this box are to be completed by authorised staff only.

Badge Number:

Date Report Received:

Name and Signature:

Date:

C1 CRITERIA FOR INSULIN DEPENDENT DRIVERS

Recent regulation changes allow insulin dependent drivers to apply for, or renew, their entitlement to drive a Private Hire and/ or Hackney Carriage vehicle, subject to them meeting all the 'qualifying conditions'.

The qualifying conditions that must be met when applicants apply are as follows:

- (1) They must have had no hypoglycaemic attacks requiring assistance whilst driving within the previous 12 months.
- (2) They will not be able to apply until their condition has been stable for a period of a least one month.
- (3) They must regularly monitor their condition by checking their blood glucose levels at least twice daily and at times relevant to driving. DVLA advise the use of a memory chip meter for such monitoring.
- (4) They must arrange to be examined every 12 months by a hospital consultant, who specialises in diabetes. At the examination the consultation will require sight of their blood glucose records for the last 3 months.
- (5) They must have no other condition, which would render them a danger when driving this type of vehicle.
- (6) They will be required to sign an undertaking to comply with the directions of doctors treating the diabetes and to report immediately to DVLA any significant change to their condition.

At a meeting of the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Diabetes Mellitus, the Panel was made aware that some licensing authorities were permitting drivers with insulin treated diabetes to be issued with taxi licences. The Panel was of the view that the group 2 medical was still the best practice standard for drivers, but that it would be reasonable for licensing authorities to accept the C1 criteria above should they wish to do so.