



MEDICAL CERTIFICATE

<p>FULL NAME OF APPLICANT (BLOCK LETTERS) ADDRESS DATE OF BIRTH SIGNATURE OF APPLICANT.....</p>	<p>NOTE TO APPLICANT</p> <p>This certificate is not one which must be issued free of charge as part of the National Health Service. The Council accepts no liability to pay for any medical examinations</p>
<p>NOTE TO MEDICAL PRACTITIONERS</p> <p>In completing this medical certificate, medical practitioners are asked to apply the Medical Standards for Group 2 Licences issued by the DVLA in the booklet "At a glance Guide to the current Medical Standards of fitness to Drive".</p> <p>Please indicate if any question cannot be answered fully without referring to the applicant's own Doctor.</p>	
<p>QUESTIONS</p> <p>1.(A) Has the applicant, to the best of your knowledge, ever had an epileptic attack since the age of 3?</p> <p>1.(B) Is the applicant, to the best of your judgement, subject to:-</p> <p>(i) vertigo, or sudden attacks of disabling giddiness or fainting;</p> <p>(ii) any neurological ailment likely to interfere with the efficient discharge of his/her duties as a driver of a Hackney Carriage or Private Hire Vehicle?</p> <p>2. Has the applicant any physical loss or injury or physical disability where physical limitation is likely to interfere with the efficient discharge of his/her duties as a driver of a Hackney Carriage or Private Hire Vehicle? If so, please give details (Special attention should be paid to the condition of arms, legs, hands and joints).</p> <p>3. Does the applicant suffer from any heart or lung disorder likely to interfere with the efficient discharge of his/her duties as a driver of a Hackney Carriage or Private Hire Vehicle? If so, please give details.</p> <p>4. Does the applicant suffer from any serious hearing defect? If so, please give details</p>	

- 5. Has the applicant suffered, or shows any evidence of, addition to the excessive consumption of alcohol or drugs? If so, please give details.
- 6. Does the applicant suffer, or appear to suffer, from any other disease or physical disability likely to interfere with the efficient discharge of his/her duties as a driver or to cause the driving by him/her of a Hackney Carriage or Private Hire Vehicle to be a source of danger to the public? If so, please give details.
- 7.(A) Acuity of vision (with glasses if worn) by Snellens test type:
 - (a) right eye
 - (b) left eye
- 7.(B) Did the applicant wear glasses/contact lenses for the test?
- 7.(C) Is the applicant blind in one eye or has corrected acuity of less than 3/60 in either eye?
- 7.(D) Is the applicant's field of vision by hand test satisfactory?
- 7.(E) Does the applicant have a normal field of vision?
- 7.(F) Do you consider that the applicant's vision is likely to cause the driving by him/her of a Hackney Carriage/Private Hire Vehicle to be a source of danger to the public?
- 8. Is the applicant a diabetic? If so,
 - (a) Is the applicant's diabetes treated with insulin or diet or tablets?
 - (b) Is this treatment only temporary? If so, what is the anticipated end of the treatment?
 - (c) Are there any related disabilities, e.g. eye problems?

I CERTIFY that I have this day examined the applicant, who has signed this certificate in my presence, and whom in my opinion, is fit/unfit to drive a Hackney Carriage or Private Hire Vehicle, having attained/failed to meet Group 2 standards as defined by the DVLA.

Signature of Registered Medical Practitioner

 Name (Block Letters)
 Address.....

 Dated.....