

# MEDICAL CERTIFICATE

## Applications for Hackney Carriage/Private Hire Drivers Licence

**Note for applicant:** This certificate must be completed by your own registered GP, failure to comply with this will result in you being required to undergo another medical, with your registered GP. This certificate is not one which must be issued free of charge as part of your National Health Service. The Council accepts no liability to pay for any medical examinations.

**Note for medical practitioners:** In completing this medical certificate, medical practitioners are asked to have regard to the recommendations by the Medical Commission for Accident Prevention in their booklet 'Medical Aspects of Fitness to Drive' or to the Notes for Guidance of Doctors conducting those examinations prepared by the British Medical Association.

FULL NAME: .....

ADDRESS: .....

SIGNATURE OF APPLICANT: .....

*(To be signed in the presence of the Medical Examiner signing this certificate)*

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### Questions

1. Has the applicant, to the best of your knowledge, ever had an epileptic attack since the age of 3?

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2. Is the applicant, to the best of your judgement, subject to -

(i) vertigo, or sudden attacks of disabling giddiness or fainting .....

.....

**OR**

(ii) any mental ailment likely to interfere with the efficient discharge of his/her duties as a licensed driver?

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3. Has the applicant any deformity, loss of limbs/members or physical disability likely to interfere with the efficient discharge of his/her duties as a licensed driver?

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4. Does the applicant suffer from any heart or lung disorder likely to interfere with the discharge of his/her duties as a licensed driver?

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5. Is there any serious hearing defects? And if so to what extent?

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6. Does the applicant show any evidence of addiction to the excessive use of alcohol or drugs?

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7. Does the applicant appear to be suffering from any other disease or physical disability likely to interfere with the efficient discharge of his/her duties as a licensed driver **OR** to cause the driving of a licensed vehicle by him/her to be a source of danger to the public?

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8. (i) Acuity of vision (with glasses if worn) by Snellens type test:

(i) Right Eye .....

(ii) Left Eye .....

(ii) Did the applicant wear his/her own glasses/contacts for this test?

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(iii) Is the applicant's field of vision by hand test satisfactory?

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(iv) Did you consider that the applicants vision is likely to cause the driving by him/her of a licensed vehicle to be a source of danger to the public?

.....

*(This question need only be answered if the acuity with glasses, if worn, is below 6/12 with one eye and 6/38 with the other eye, or if the field of vision is not satisfactory)*

9. In your opinion, does the applicant qualify for exemption from carrying dogs in a vehicle?

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(i) If so, state conditions which relate .....

(ii) Is this condition permanent? .....

.....

(iii) Does this condition require scrutiny at a further date, and if so, after what period?

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.....

If you are NOT the patients Registered GP, please could you confirm that you had access and viewed the patient's full medical history for this examination:

I confirm I have seen the patient's full medical history

I did NOT have sight of the patient's full medical history

Not Applicable, I am the patient's Registered GP

I certify that I have this day, examined the above applicant, who has signed this certificate in my presence, and who in my opinion is

FIT   
UNFIT

To drive hackney carriages/ private hire vehicles; tick as appropriate

Signed: ..... Date: .....  
(Medical Practitioner carrying out this medical and with whom the patient is registered)

Address of  
stamp

**Please use official**

Surgery: .....

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Comments, if any: .....

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