

HACKNEY CARRIAGE & PRIVATE HIRE DRIVERS MEDICAL ASSESSMENT

Please read the Hackney Carriage and Private Hire Drivers Medical Assessment guidance enclosed before completing this form.

Westmorland and Furness Council has adopted the DVLA Group 2 medical standards for taxi drivers, which is the same standards as bus and lorry drivers. All applicants and existing licence holders are expected to meet this standard. Please refer to the Barrow BC Hackney Carriage and Private Hire Licensing Policy for further information.

Your doctor must therefore complete all sections of this taxi driver medical assessment, which is based upon the DVLA D4 medical assessment for bus and lorry drivers. Your doctor will be required to confirm if you meet the Group 2 medical standards or not.

You may use a doctor different from your usual practice provided they have access to your full medical records for at least the past 5 years and they have access relevant hospital notes/letters relating to fitness to drive.

Some doctors will be able to fill in both the vision and medical assessment sections of the report. If the doctor is unable to fully answer all the questions on the vision assessment, you must have it filled in by an optician or optometrist **before** your doctor completes the rest of the form.

PLEASE COMPLETE IN BLACK INK

Name of Applicant (Block Capitals)	
Date of Birth	
Signature of Applicant (sign in the presence of the doctor)	

DOCTOR MUST COMPLETE:

Being a registered doctor who is competent in undertaking DVLA Group 2 medical examinations, I have today examined the above applicant. I have examined the applicant medically to DVLA Group 2 medical standards using the DVLA 'Assessing fitness to drive – a guide for medical professionals' and have had access to the applicant's full medical records including relevant hospital notes and I consider the above applicant (please tick one box):

Meets the DVLA Group 2 standards using the DVLA 'Assessing fitness to drive'



Does not meet the DVLA Group 2 standards using the DVLA 'Assessing fitness to drive'

Signature of Medical Practitioner:	
Name BLOCK CAPS:	
Date:	

Medical examination report Hackney Carriage & Private Hire Drivers

Please use black ink

Applicants: you must fill in all grey sections of this report. This includes the section below, your full name and date of birth at the end of each page and the declaration on page 8.

Important: This report is only valid for 1 month from date of examination.

Name									
Date of birth	D	D	М	M	\mathbf{v}	Y			
Address									
	-	-							-
Postcode									
Contact number	er								
Email address									

	1 0510000
	Company or practice c
Your doctor's details (only fill in if different	
from examining doctor's details)	Company or practice e
GP's name	
	GMC registration numb
Practice address	
	I can confirm that I ha documents to prove t
	Signature of examining
	Applicant's weight (kg)
Postcode	
Contact number	Number of alcohol unit
Email address	Does the applicant smo
	Do you have access to applicant's full medical

Medical professionals must fill in all green sections on this report.

D4

Important information for doctors carrying out examinations.

Before you fill in this report, you must check the applicant's identity and decide if you are able to fill in the Vision assessment on page 2. If you are unable to do this, you must inform the applicant that they will need to ask an optician or optometrist to fill in the Vision assessment.

Examining medical professional

i vai	Hamo												
Has a company employed you or booked													
you	you to carry out this examination? Yes No												

If Yes, you **must** give the company's details below.

If 'No', you must give your practice address details below. (Refer to section C of INF4D.)

Company or practice address

\square		-			-									
\square		_				_							_	
Postcode														
Company or practice contact number														
Company or practice email address														
\vdash		-						-						\square
GM	C re	aiot	rotic			201								
Givi	Cie	gist	ratic		Ium	Jer				1				
	n co									ie a	ppli	cant	ťs	
	ume			-				entit	у.					
Sigr	natur	eo	1 ex	am	Ining	j do	ctor							
Арр	licar	nt's	wei	ght	(kg)			Ap	plica	ant's	hei	ght	(cm)
Nun	nber	of	alco	hol	unit	s co	onsu	me	d ea	ch v	veel	<		
				Т			Uni	its n	er v	veek				
								no p	51 V			-	_	_
	s th	-	-								Y	es	N	0
	Do you have access to the applicant's full medical record?													

Important: Signatures must be provided at the end of this report

	report	
	ment D4	
	To be filled in by an optic	ian, optometrist or doctor
1.	Please confirm (✓) the scale you are using to express the applicant's visual acuities. Snellen Snellen expressed as a decimal LogMAR	 5. Does the applicant report symptoms of any of the following that impairs their ability to drive?
2.	 The visual acuity standard for Group 2 driving is at least 6/7.5 in one eye and at least 6/60 in the other. (a) Please provide uncorrected visual acuities for each eye. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician. 	Please indicate below and give full details in Q7 below. (a) Intolerance to glare (causing incapacity rather than discomfort) and/or (b) Impaired contrast sensitivity and/or (c) Impaired twilight vision 6. Does the applicant have any other ophthalmic condition affecting their visual acuity or visual field?
	(b) Are corrective lenses worn for driving?	If Yes, please give full details in Q7 below.
	If No, go to Q3. If Yes, please provide the visual acuities using the correction worn for driving. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician. R L (c) What kind of corrective lenses are worn to meet this standard? Glasses Contact lenses (d) If glasses are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens? Yes No (e) If correction is worn for driving, is it well tolerated? Yes No	7. Details or additional information
	If No, please give full details in Q7.	I confirm that this report was filled in by me at examination and the applicant's history has been
3.	Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)? If Yes, please give full details below.	taken into consideration. Signature of examining doctor, optician or optometrist Date of signature Please provide your GOC or GMC number
4.	Is there diplopia? Yes No	Doctor, optometrist or optician's stamp
	(a) Is it controlled? Please indicate below and give full details in Q7. Patch or Glasses Other glasses with with/without (if other please frosted glass prism provide details)	
Ap	olicant's full name	Date of birth
.1-1		letach this page

Medical examination report **Medical assessment**

Must be filled in by a doctor

1	Neurological disorders	2	Diabetes mellitus	
ls th diso If N e	Alse tick ✓ the appropriate boxes ere a history or evidence of any neurological rder (see conditions in questions 1 to 11 below)? Co, go to section 2, Diabetes mellitus s, please answer all questions below and enclose relevant bital notes.	If N	Yes the applicant have diabetes mellitus?	No No
1.	Yes No Has the applicant had any form of seizure?		If No, go to 1c If Yes, please give date started on insulin. (b) Are there at least 6 continuous weeks of blood glucose readings stored on a memory meter or meters?	
	Last episode		If No, please give details in section 9, page 7. (c) Other injectable treatments?	
	(c) Is the applicant currently on		(d) A Sulphonylurea or a Glinide?	Н
	anti-epileptic medication? If Yes, please fill in the medication section 8, page 6. (d) If no longer treated, when did		 (e) Oral hypoglycaemic agents and diet? If Yes to any of (a) to (e), please fill in the medication section 8, page 6. 	
	(e) Has the applicant had a brain scan?		(f) Diet only?	
	 (f) Has the applicant had a brain coart. (f) Has the applicant had an EEG? (f) Has the applicant had an EEG? (f) If you have answered Yes to any of above, you must supply medical reports. 	2.	at least twice every day?(b) Does the applicant test at times relevant to driving (no more than 2 hours before	No
2.	Has the applicant experienced Yes No		the start of the first journey and every 2 hours while driving)?	
	 dissociative/'non-epileptic' seizures? (a) If Yes, please give date of most recent episode. (b) If Yes, have any of these episode(s) 		 (c) Does the applicant keep fast-acting carbohydrate within easy reach when driving? (d) Does the applicant have a clear 	
	occurred or are they considered likely to occur whilst driving?		understanding of diabetes and the necessary precautions for safe driving?	
3.	Stroke or TIA? Yes No If Yes, give date. D M If Yes (a) Has there been a full recovery? Image: Comparison of the second s	3.	 (a) Has the applicant ever had Yes a hypoglyaemic episode? (b) If Yes, is there full awareness of hypoglycaemia? 	No
	 (b) Has a carotid ultrasound been undertaken? (c) If Yes, was the carotid artery stenosis >50% in either carotid artery? 	4.	Is there a history of hypoglycaemia Yes in the last 12 months requiring the assistance of another person?	No
	(d) Is there a history of multiple strokes/TIAs?		If Yes, please give details and dates below.	
4.	Sudden and disabling dizziness or vertigo within the last year with a liability to recur?			
5.	Subarachnoid haemorrhage (non-traumatic)?	-	Is there evidence of: Yes	No
6.	Significant head injury within the last 10 years?	5.	Is there evidence of: Yes (a) Loss of visual field? Image: Comparison of the second secon	
7.	Any form of brain tumour?		to impair limb function for safe driving?	
8.	Other intracranial pathology?		If Yes, please give details in section 9, page 7.	
9.	Chronic neurological disorder(s)?	6.	Has there been laser treatment or Yes intra-vitreal treatment for retinopathy?	No
10.	Parkinson's disease?		If Yes, please give	
11.	Blackout, impaired consciousness or loss of awareness within the last 10 years?		of treatment.	
Ap	plicant's full name		Date of birth D D M M Y	Y
		3		

3 Cardiac	c Peripheral arterial disease (excluding Buerger's disease)
a Coronary artery disease	aortic aneurysm/dissection
Is there a history or evidence of Yes No coronary artery disease? If No, go to section 3b, Cardiac arrhythmia If Yes, please answer all questions below and enclose relevant hospital notes.	Is there a history or evidence of peripheral arterial disease (excluding Buerger's disease), aortic aneurysm or dissection? If No, go to section 3d, Valvular/congenital heart disease If Yes, please answer all questions below and enclose relevant hospital notes.
1. Has the applicant ever had an episode of angina? Yes No If Yes, please give the date If Yes If Yes	1. Peripheral arterial disease? Yes No (excluding Buerger's disease)
of the last known attack. Image: Constraint of the last known attack. 2. Acute coronary syndrome including myocardial infarction? Yes If Yes, please give date. Image: Constraint of the last known attack.	Yes No 2. Does the applicant have claudication?
3. Coronary angioplasty (PCI)? Yes No If Yes, please give date of most recent intervention.	3. Aortic aneurysm? Yes No If Yes: If Site of aneurysm: Thoracic
4. Coronary artery bypass graft surgery? Yes No If Yes, please give date. If Yes, please give date.	Abdominal (b) Has it been repaired successfully? (c) Please provide latest transverse aortic
5. If Yes to any of the above, are there any Yes No physical health problems or disabilities (e.g. mobility, arthritis or COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT? Please give details below.	diameter measurement and date obtained using measurement and date boxes.
	 Dissection of the aorta repaired successfully? Yes No If Yes, please provide copies of all reports including those dealing with any surgical treatment.
b Cardiac arrhythmia	5. Is there a history of Marfan's disease?YesNoIf Yes, please provide relevant hospital notes.
Is there a history or evidence of Yes No cardiac arrhythmia?	d Valvular/congenital heart disease
If Yes, please answer all questions below and enclose relevant hospital notes.1. Has there been a significant disturbance	Is there a history or evidence of Yes No valvular or congenital heart disease? If No, go to section 3e, Cardiac other If Yes, answer all questions below and provide
of cardiac rhythm? (e.g. sinoatrial disease, significant atrio-ventricular conduction defect, Yes No atrial flutter or fibrillation, narrow or broad complex tachycardia) in the last 5 years?	relevant hospital notes. 1. Is there a history of congenital heart disease?
2. Has the arrhythmia been controlled satisfactorily for at least 3 months?YesNo	2. Is there a history of heart value disease? Yes No
3. Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/ cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted?	3. Is there a history of aortic stenosis?YesNoIf Yes, please provide relevant reports (including echocardiogram).
4. Has a pacemaker or a biventricular pacemaker/ cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted? Yes No	4. Is there history of embolic stroke? Yes No
If Yes: (a) Please give date of implantation. (b) Is the applicant free of the symptome that	5. Does the applicant currently have significant symptoms? Yes No
 (b) Is the applicant free of the symptoms that caused the device to be fitted? (c) Does the applicant attend a pacemaker clinic regularly? 	6. Has there been any progression (either clinically or on scans etc) since the last licence application?
Applicant's full name	Date of birth D M Y Y

e Cardiac other

Is there a history or evidence of heart failure? Yes No If No, go to section 3f, Cardiac channelopathies I If Yes, please answer all questions and enclose	2. Has a (or pla
relevant hospital notes. 1. Please provide the NYHA class, if known.	3. Has a (or pla
 2. Established cardiomyopathy? Yes No If Yes, please give details in section 9, page 7. 	(a) If fra
3. Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted? Yes No	4. Has a (or pla
4. A heart or heart/lung transplant?	5. Has a (or pla
5. Untreated atrial myxoma? Yes No	6. Has a (or pla
f Cardiac channelopathies	(or pre
Is there a history or evidence of the Yes No following conditions?	7. Has a echo (or pla
Yes No 1. Brugada syndrome?	4 Psy
2. Long QT syndrome?YesNoIf Yes to either, please give details in section 9, page 7 and enclose relevant hospital notes.	Is there a illness wit If No, go If Yes, ple
g Blood pressure	1. Signif
All questions must be answered. If resting blood pressure is 180 mm/Hg systolic or more	
and/or 100mm/Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided.	2. Psych past 1
1. Please record today's best resting blood pressure reading. /	3. (a) De (b) Ar in
2. Is the applicant on anti-hypertensive treatment? Yes No If Yes, please provide three previous readings with dates if available.	pc 5 Sul
	Is there a
	or depend If No, go If Yes, ple
	1. Is the in the
3. Is there a history of malignant hypertension? Yes No If Yes, please give details in section 9, page 7 (including date of diagnosis and any treatment etc).	(a) Is (b) Ha de
h Cardiac investigations	If Yes,
Have any cardiac investigations beenYesNoundertaken or planned?Image: Complexity of the second	2. Persis (a) Is
If No, go to section 4, Psychiatric illness	3. Use of pre
1. Is there a history of the following:Yes No(a) left bundle branch block (LBBB)?Image: Comparison of the following:	(a) If
(b) right bundle branch block (RBBB)?	(b) Is (c) Ha
If yes to (a) or (b), please provide relevant report(s) or comment in section 9, page 7.	tre If Yes,
Applicant's full name	

Note: If Yes to questions 2 to 6, please give dates in the boxes provided, give details in section 9, page 7 and provide relevant reports.

2.	Has an exercise ECG been undertaken (or planned)?	Yes	No
3.	Has an echocardiogram been undertaken (or planned)?	Yes	No
	(a) If undertaken, is or was the left ejection fraction greater than or equal to 40%?		
4.	Has a coronary angiogram been undertaken (or planned)?	Yes	No
5.	Has a 24 hour ECG tape been undertaken (or planned)?	Yes	No
6.	Has a loop recorder been implanted (or planned)?	Yes	No
7.	Has a myocardial perfusion scan, stress echo study or cardiac MRI been undertaken (or planned)?	Yes	No
4	Psychiatric illness		
illn If I	there a history or evidence of psychiatric ess within the last 3 years? No, go to section 5, Substance misuse /es, please answer all questions below.	Yes	No
1.	Significant psychiatric disorder within the past 6 months? If Yes, please confirm condition.	Yes	No
2.	Psychosis or hypomania/mania within the past 12 months, including psychotic depression?	Yes	No
3.	(a) Dementia or cognitive impairment?(b) Are there concerns which have resulted in ongoing investigations for such possible diagnoses?	Yes	No
5	Substance misuse		
or If I	there a history of drug/alcohol misuse dependence? No, go to section 6, Sleep disorders ⁄es, please answer all questions below.	Yes	No
1.	 Is there a history of alcohol dependence in the past 6 years? (a) Is it controlled? (b) Has the applicant undergone an alcohol detoxification programme? If Yes, give date started: 	Yes	No
2.	Persistent alcohol misuse in the past 3 years? (a) Is it controlled?	Yes	No
3.	 Use of illegal drugs or other substances, or misuse of prescription medication in the last 6 years? (a) If Yes, the type of substance misused? (b) Is it controlled? (c) Has the applicant undertaken an opiate treatment programme? 	Yes	No
-	If Yes, give date started	1 Y	

6	Sleep disorders	6	Does the applicant have a histor of liver disease of any origin?	ory Yes
1.	Sleep Apnoea Syndrome or any other medical	Yes No	If Yes, is this the result of alcohol misuse?	
	condition causing excessive sleepiness?		If Yes, please give details in se	ction 9, page 7.
	If No, go to section 7, Other medical condition			N/s s
	If Yes, please give diagnosis and answer all que below.	estions 7	. Is there a history of renal failure	
			If Yes, please give details in see page 7.	ction 9,
			page 7.	
		8		
	 a) If Obstructive Sleep Apnoea Syndrome, pleandicate the severity: 	ase	respiratory disease causing ch	ronic hypoxia?
	Mild (AHI <15)			takon causo Yes
	Moderate (AHI 15 - 29)	9	 Does any medication currently the applicant side effects that of 	laken cause
	Severe (AHI >29)		safe driving?	
	Not known		If Yes, please fill in section 8, M	ledication
	If another measurement other than AHI is us	sed, it	and give symptoms in section	9, page 7.
	must be one that is recognised in clinical pr		0. Does the applicant have any o	ther medical Yes
	as equivalent to AHI. DVLA does not prescr different measurements as this is a clinical i	edi	condition that could affect safe	
	Please give details in section 9 page 7, Further		If Yes, please provide details in s	section 9, page 7.
	b) Please answer questions (i) to (vi) for all slee	ер		
	conditions.	8	Medication	
		res No Pla	ease provide details of all current	medication including
	(ii) Is it controlled successfully?	ey	e drops (continue on a separate s	sheet if necessary).
	(iii) If Yes, please state treatment.		Medication	Dosage
			medication	Decage
		íes No R	Reason for taking:	
	(iv) Is applicant compliant with treatment?			DDMMV
	(v) Please state period of control:		pproximate date started (if known)	
	vears months			
	years months		Medication	Dosage
	(vi) Date of last review.			
		R	leason for taking:	
7	Other medical conditions	A	pproximate date started (if known)	DDMMY
1.	Is there a history or evidence of narcolepsy?	Yes No	Medication	Dosage
2.	Is there currently any functional impairment	res No B	leason for taking:	
	that is likely to affect control of the vehicle?			
0			pproximate date started (if known)	
3.	Is there a history of bronchogenic carcinoma or other malignant tumour with a significant	res No		
	liability to metastasise cerebrally?		Medication	Dosage
4.	is there any inness that may cause significant	res No R	eason for taking:	
	fatigue or cachexia that affects safe driving?		opproximate date started (if known)	
	\ \	res No		
5.	Is the applicant profoundly deaf?			
	If Yes, is the applicant able to communicate		Medication	Dosage
	in the event of an emergency by speech	res No		
	or by using a device, e.g. a textphone?		leason for taking:	
		A	pproximate date started (if known)	DDMMY

No Yes

No

No

No

No

Date of birth

Applicant's full name

9 Further details

Please send us copies of relevant hospital notes. Do not send any notes not related to fitness to drive. Use the space below to provide any additional information.

10 Consultants' details

	of specialists or consulta
Consultant in	
Reason for attendance	
Name	
Address	
Date of last appointment:	DDMMY
Consultant in	
Reason for attendance	
Name	
Address	
Date of last appointment:	DDMMY
If more consultants seen give d	letails on a separate she
Please make sure all sections of t	he form have been filled i
Please make sure all sections of t The form will be returned to you it I confirm that this report was fille and I have taken the applicant's confirm that I am currently GMC to practise in the UK or I am a c registered within the EU, if the r	the form have been filled i f you do not do this. ed in by me at examination history into account. I als C registered and license doctor who is medically
Please make sure all sections of t The form will be returned to you it I confirm that this report was fille and I have taken the applicant's confirm that I am currently GMC to practise in the UK or I am a registered within the EU, if the r the UK.	the form have been filled in f you do not do this. The d in by me at examination history into account. I also registered and license doctor who is medically report was filled in outsi
Please make sure all sections of t The form will be returned to you it I confirm that this report was fille and I have taken the applicant's confirm that I am currently GMC to practise in the UK or I am a c registered within the EU, if the r the UK.	the form have been filled if f you do not do this. ed in by me at examination history into account. I all C registered and license doctor who is medically report was filled in outsion r
Please make sure all sections of t The form will be returned to you it I confirm that this report was fille and I have taken the applicant's confirm that I am currently GMC to practise in the UK or I am a d registered within the EU, if the r the UK. Signature of examining docto	the form have been filled if f you do not do this. ed in by me at examination history into account. I all C registered and license doctor who is medically report was filled in outsion r
Please make sure all sections of t The form will be returned to you it I confirm that this report was fille and I have taken the applicant's confirm that I am currently GMC to practise in the UK or I am a d registered within the EU, if the r the UK. Signature of examining docto	the form have been filled in f you do not do this. ed in by me at examination history into account. I all C registered and license doctor who is medically report was filled in outsi r
Please make sure all sections of t The form will be returned to you it I confirm that this report was fille and I have taken the applicant's confirm that I am currently GMC to practise in the UK or I am a d registered within the EU, if the r the UK. Signature of examining docto	the form have been filled if f you do not do this. ed in by me at examination history into account. I all C registered and license doctor who is medically report was filled in outsion r
Please make sure all sections of t The form will be returned to you it I confirm that this report was fille and I have taken the applicant's confirm that I am currently GMC to practise in the UK or I am a d registered within the EU, if the r the UK. Signature of examining docto	the form have been filled in f you do not do this. The d in by me at examination history into account. I als C registered and license doctor who is medically report was filled in outsid
Please make sure all sections of t The form will be returned to you it I confirm that this report was fille and I have taken the applicant's confirm that I am currently GMC to practise in the UK or I am a registered within the EU, if the r the UK.	the form have been filled in f you do not do this. ed in by me at examination history into account. I also C registered and license doctor who is medically report was filled in outsion r
and I have taken the applicant's confirm that I am currently GMO to practise in the UK or I am a o registered within the EU, if the r the UK. Signature of examining docto	the form have been filled in f you do not do this. ed in by me at examination history into account. I also C registered and license doctor who is medically report was filled in outsion r



SECTION 12 - Patient's Consent and Declaration

Consent and Declaration

This section **must** be completed and signed by the applicant.

Please read the following important information carefully then sign below.

Consent and Declaration

- I have read and understood the Council's 'Hackney Carriage and Private Hire Drivers Medical Assessment Guidance document'.
- I give consent to the relevant Medical Practitioner(s) to release reports/medical information about any conditions relevant to my fitness to drive to Westmorland and Furness Council in conjunction with my application and during the period that a licence is in force.
- I understand that Westmorland and Furness Council may share my medical information with an independent external advisor.
- I understand that Westmorland and Furness Council may seek further information from me regarding information contained within this medical and the final decision on issuing a licence is the Council's.
- I understand that Westmorland and Furness Council may require me to undergo further medical tests at my expense, now or at any point in the future, if a licence is granted, in order to establish my fitness to drive.
- I understand that I must notify the Council within 48 hours of any changes in my medical circumstances which may affect my ability to drive.
- 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 it is a criminal offence if I make a false declaration to obtain a hackney carriage and/or private hire drivers licence and can lead to prosecution.

Signature _	Da	te
-------------	----	----

Print name_____

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Hackney Carriage & Private Hire Drivers Medical Assessment

Guidance document

T. 0300 373 3300 westmorlandandfurness.gov.uk Updated November 2023



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General guidance

Westmorland and Furness Council has adopted the DVLA Group 2 medical standards for taxi drivers, which is the same standards as bus and lorry drivers. All applicants and existing licence holders are expected to meet this standard. Please refer to the Barrow BC Hackney Carriage and Private Hire Licensing Policy for further information.

Your doctor must therefore complete all sections of the hackney carriage and private hire drivers medical assessment, which is based upon the DVLA D4 medical assessment for bus and lorry drivers. Your doctor will be required to confirm if you meet the Group 2 medical standards or not.

You may use a doctor different from your usual practice provided they have access to your full medical records for at least the past 5 years and they have access relevant hospital notes/letters relating to fitness to drive.

Following completion, the Council may require further information from you, your doctor, or other health professionals involved in your care. The Council may also seek independent advice from an external medical practitioner on the information contained within your medical.

The decision to grant or refuse you a licence rests with Westmorland and Furness Council as the licensing authority. It is open to the Council to issue you a shorter duration licence and/or require more frequent medicals.

Applicants who have completed a D4 medical examination in connection with the driving of other large or passenger carrying vehicles will be accepted by the Council provided they are dated within 1 month of the grant date. The Council may also accept medicals completed on behalf of another licensing authority, provided they are dated within 1 month of the grant date.

How to fill in a hackney carriage and private hire drivers medical assessment

Please make sure you write within the white boxes and leave a space between each word. See example below.

2	a	r	a	h		М	0	r	9	a	n	
	te o dres		th	2	D	U	3	7	6			
	2			В	и	r	п	S				
1	r	e	S	C	e	n	t					
C												

When do you need a hackney carriage and private hire drivers medical assessment?

You will need a hackney carriage and private hire drivers medical assessment:

- if this is your first application for a hackney carriage or private hire drivers licence
- if you are applying to renew your hackney carriage or private hire drivers licence
- annually once you turn 65 on the anniversary of the date your licences were granted or annually due to medical reasons
- if your licences have been suspended by the Council for medical reasons

Who can fill in the D4?

The medical examination includes a vision assessment which must be filled in by a doctor, optician or optometrist. Some doctors will be able to fill in both the vision and medical assessment.

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. Please note that the doctor must be GMC registered and licensed to practice in the United Kingdom or registered within the EU.

If your doctor is unable to complete the vision assessment, this must be undertaken before the rest of your medical is completed.

If you use a different doctor, or a company providing this service, then all their details must be provided including their email address and contact number.

A. What you need to do

To check you meet the Group 2 medical standards:

- read section B of this booklet to find out if you can meet the medical standards needed for driving before you make an appointment. If you have any doubts about whether you can meet the standards or not, ask a doctor, optician or get further advice at commercial@westmorlandandfurness.gov.uk
- you should check when you make the appointment that the medical professional is able to measure your visual acuity to the 6/7.5 line of a Snellen chart. If you wear glasses to drive, the medical professional must be able to confirm the strength of your glasses (dioptres) from your prescription

If the doctor is unable to fully and accurately fill in the vision assessment you must arrange for it to be filled in by an optician or optometrist BEFORE the rest of your medical is completed.

About your appointment

When you go to your appointment you should take:

- identification documents a combination of two or more can be accepted as identification: birth certificate, marriage certificate, medical card, driving licence, passport, paid utility bills, bank or building society cards or statements, National Insurance number card, payslip, letter from Benefits Agency, papers from Home Office
- your driving glasses and your glasses prescription if you wear glasses (not contact lenses) to meet the eyesight standard needed for driving
- a copy of your prescription if the medical is being filled in by a doctor other than your own GP
- this information booklet as it contains important information for the doctor, optician or optometrist

At the appointment you should:

• fill in the grey section on page 1 (left hand side) 'Your details' and page 8 (authorisation and declaration) along with your name and date of birth at the foot of all other pages on the D4 when you are with the doctor carrying out the medical examination

Check all sections of the medical report have been fully filled in. If you send us an incomplete report your application will be returned.

What to do with the filled in report

Send the filled in D4 (vision and medical assessment) with your application form to Licensing Department, Public Health & Public Protection, Barrow Town Hall, Duke Street, Barrow in Furness, Cumbria, LA14 2LD. If you do not send all the forms together, the processing of your application may be delayed.

What you need to know

- The D4 is valid for a period of 1 month from the date the doctor and optician or optometrist signs and dates it.
- The eyesight examination must be undertaken using the prescription currently worn for driving.
- Westmorland and Furness Council is not responsible for any fees you have paid to a doctor, optician or optometrist. This also applies if you are unable to meet the medical standards of fitness to drive taxi and private hire vehicles and your application has to be refused.

If you develop a condition that could affect your ability to drive safely and you hold any type of driving licence, you MUST tell Westmorland and Furness Council immediately. Please see section B.

B. Group 2 medical standards

Medical standards required for drivers of Group 2 vehicles (lorries, buses and minibuses) and taxi drivers are higher than those required for Group 1 (car and motorcycle) drivers.

You can get more information about the medical standards from:

Drivers Medical Group DVLA, Swansea SA99 1TU Or, phone 0300 790 6806.

Vision assessment

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. Snellen readings with a plus (+) or minus (-) are not acceptable e.g. 6/6-2 or 6/9+3.

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

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 taxi and private hire 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 and private hire drivers licence.

Intolerance to glare

If you have symptoms of intolerance to glare you will not be allowed to to hold a hackney carriage and private hire drivers licence. Intolerance refers to a situation whereby the glare impairs or distorts vision, rather than those situations where it results in discomfort only.

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 defect should be present within a radius of the central 30 degrees.

1. Neurological disorders

Epilepsy or liability to epileptic seizures

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. If you have had only an isolated seizure, you may be entitled to drive taxis 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)

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

You are strongly advised to discuss your eligibility to apply for your driving licence with your doctor before getting a D4 report filled in. See following conditions:

- 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 dizziness or vertigo within the past year, with a liability to recurrence
- major brain surgery 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

Westmorland and Furness Council may refuse an application or revoke the licence if you cannot meet these conditions.

2. Diabetes mellitus

Insulin treated diabetes

If you have insulin-treated diabetes you may apply for a hackney carriage and private hire drivers licence as long as you can meet the strict criteria for controlling and monitoring diabetes. This includes:

- having at least 6 continuous weeks of blood glucose (sugar) readings available for inspection on a traditional blood glucose meter(s) with a memory function. These readings must have been taken whilst treated with insulin
- undertaking blood glucose monitoring at least twice daily (even on days when not driving) and at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours after driving has started)

FGM and RT-CGM interstitial fluid glucose monitoring systems are not permitted for the purposes of Group 2 driving and licensing. Taxi drivers who use these devices must continue to monitor finger prick capillary blood glucose levels.

If you are able to meet all the criteria (see leaflet INS186) you will be required to undertake an annual assessment by a hospital consultant specialising in the treatment of diabetes. This must be arranged by the licence holder.

Leaflet INS186 (A guide for drivers with diabetes who wish to apply for vocational entitlement) is available to download from **www.gov.uk/diabetes-driving**

Sulphonylurea or glinide treated diabetes

If you have diabetes treated with a sulphonylurea or glinide, for example Gliclazide, you must undertake blood glucose (sugar) monitoring at least twice daily and at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours while driving).

3. Cardiac

Other medical conditions

An applicant or existing licence holder is likely to be refused a hackney carriage and private hire drivers licence 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 resting blood pressure is consistently 180 mm/Hg systolic or more or 100 mm/Hg diastolic or more

4. Psychiatric illness

An applicant or existing licence holder is likely to be refused a hackney carriage and private hire drivers licence if they cannot meet the recommended medical guidelines for any of the following:

- psychotic illness in the past 12 months
- serious psychiatric illness
- if major psychotropic or neuroleptic medication is being taken
- dementia
- · cognitive impairment likely to affect safe driving

5. Substance misuse

An applicant or existing licence holder is likely to be refused a hackney carriage and private hire drivers licence if they cannot meet the recommended medical guidelines for the following:

• alcohol or drug misuse in the past 1 year or alcohol or drug dependance in the past 3 years

6. Sleep disorders

Facts you should know about excessive sleepiness or 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 to 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 usually have a degree of warning.
- Natural sleepiness or 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 to 6am and 2pm to 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 or 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.

If you know you have uncontrolled sleepiness you MUST not drive.

Obstructive Sleep Apnoea (OSA) and Obstructive Sleep Apnoea Syndrome (OSAS)

OSAS is a condition which often goes undiagnosed. If it is not fully assessed and treated, this can cause sleepiness and other symptoms which can be a serious risk factor

in road traffic accidents. For further details about how to recognise symptoms go to www.gov.uk/obstructive-sleep-apnoea-and-driving

You must tell us immediately if you are diagnosed with OSAS.

- OSAS is the most common sleep-related medical disorder.
- OSAS increases the chances of a vehicle crash by about five times.
- 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.

- Sleep apnoea affects on average about 25% of men and 10% of women.
- OSAS affects on average 4% of men and 2% of women.
- 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 OSA.
- 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 and tiredness as well as other symptoms that may be disabling for drivers.

7. Other medical conditions

An applicant or existing licence holder is likely to be refused a hackney carriage and private hire drivers licence if they cannot meet the recommended medical guidelines for any of the following:

- 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 hackney carriage or private hire vehicle
- cancer of the lung

C. Information for the doctor

- The applicant is liable for any costs involved.
- Ensure you confirm the applicant's identity before the examination. You will find a list of acceptable identification documents on page 3 of this booklet.
- Ensure you fill in your details and GMC number on page 1 and sign and date section 11 on page 7 of the D4.
- Only fill in the vision assessment if you are able to fully and accurately fill in all the questions. If you are unable to do this you must tell the applicant to have this part of the assessment filled in by an optician or optometrist before completing the rest of the form.
- The applicant has been advised that if glasses are worn to meet the current eyesight standard for driving, they must bring their current prescription to the examination.

- The eyesight examination must be undertaken using the prescription currently worn for driving.
- If the applicant does not need glasses for driving, uses contact lenses or has a minus (-) dioptre prescription, question 2(d) of the vision assessment can be answered No.
- If you're carrying out an examination on behalf of a company or the examination was arranged through another company, then you must provide the details of that company.
- You should only provide a practice address if you are the applicant's GP or you are not acting on behalf of a company.

You must be able to:

- confirm the strength of glasses (dioptres) from a prescription
- measure the applicant's visual acuity to at least 6/7.5 (decimal 0.8) of a Snellen chart (you may need to purchase a new chart to do this)

We will not accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3.

Examining the applicant

- The eyesight standards are explained in section B, 'Vision assessment' in this booklet.
- You must examine the applicant fully and fill in sections 1-11 of the medical examination report D4.
- Please obtain details of the applicant's medical history.
- Section 2 please note that if diabetes is managed by treatments other than insulin or S&G medication, questions 2 a-d do not need to be answered.
- Any amendments must be signed and dated.
- Details of any condition not covered by the report should be provided in section 9 of the D4.

D. Information for the optician or optometrist

Anyone applying for a hackney carriage and private hire drivers licence must now provide a vision assessment as part of their D4 medical examination report. The vision assessment can be filled in by a doctor, optician or optometrist.

In some cases the doctor may not be able to fully fill in the report and will have advised the applicant to arrange an appointment with an optician or optometrist. The applicant is liable for any costs involved. Please ensure you confirm the applicant's identity before the examination. You will find a list of acceptable identification documents on page 3 of this booklet.

Examining the applicant

- The eyesight standards are explained in section B, 'Vision Assessment' in this booklet.
- You must examine the applicant fully and fill in questions 1-7 of the vision assessment and provide any additional information in the box provided for details, this must not be done from patient records.
- If glasses are worn to meet the current eyesight standard for driving, the eyesight examination must be undertaken using the prescription currently worn for driving.
- The applicant's visual acuity should be measured in terms of the 6 metre Snellen chart but we will also accept the LogMAR equivalent. We cannot accept a Snellen reading shown with a plus (+) or minus (-).
- If the applicant has a medical condition affecting their visual field, DVLA will commission formal visual field testing at a later date.

Help for medical professionals

You may find it helpful to read DVLA's 'Assessing fitness to drive' guidance at www.gov.uk/dvla/fitnesstodrive