

**CARMARTHENSIRE COUNTY COUNCIL  
HACKNEY CARRIAGE/PRIVATE HIRE DRIVER'S MEDICAL EXAMINATION**

The Director of Department for Communities requires to be satisfied as to the medical fitness of the Licensee to drive taxis. This medical report is for the confidential use of the Licensing Authority and doctors are asked to be good enough to complete the form and return it under **confidential cover to the Licensing Section, Carmarthenshire County Council, 3 Spilman Street, Carmarthen, SA31 1LE**

**NOTES**

1. For the Applicant (Part A)

This medical report which must be completed by **your Medical Practitioner or another Medical Practitioner with the same practice** and cannot be issued free of charge as part of the National Health Service. The applicant must pay the medical practitioner's fee, unless other arrangements have been made. The Licensing Authority accepts no liability to pay it.

2. For The Medical Practitioner (Part B)

- a) When completing this **Group 1** medical report, please have regard to the "Notes for Guidance" published by the British Medical Association for doctors conducting these examinations, supplemented, if necessary by the booklet "Medical Aspects of Fitness to Drive", published by the Medical Commissioner for Accident Prevention.
- b) Please tick the answers that apply. Use the right hand margin if you want to add anything or write "see note attached" and use a separate sheet of paper.

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A - Information about the applicant (See Note 1)

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- 1. Full Name (BLOCK CAPITALS) .....
- 2. Address .....  
.....Post Code .....
- 3. Date of Birth ..... (Day) ..... (Month) .....(Year)
- 4. Name and address of your present General Practice with which you have been registered for the last 12 months.  
  
Name .....  
Address .....  
..... Post Code .....
- 5. I hereby consent to the Licensing Authority receiving reports from my doctors and specialist about my medical condition.  
  
Applicant's Signature .....  
(Please sign in the presence of your Medical Practitioner who signs the report (Part B).

## MEDICAL REPORT

	Yes	No	Notes
<p><b>1. Cardiovascular</b></p> <p>a) Is there any history of cardiac infarction (Coronary thrombosis), any persisting anginal, pain, or any current need of treatment for anginal pain?</p> <p>b) Is there any other evidence, including ECG, of ischaemic heart disease?</p> <p>c) Is there any history or evidence of arrhythmia (excluding extrasystoles which disappear on effort)?</p> <p>d) Is the blood pressure 200/110 or over?</p> <p style="padding-left: 40px;">Systolic reading .....</p> <p style="padding-left: 40px;">Diastolic reading .....</p> <p>e) Is hypertension treated by medication other than a diuretic or beta blocker?</p> <p>f) Is a cardiac pacemaker fitted?</p> <p>g) Is there a history of current intermittent claudication?</p> <p>h) Is there a history of open heart or vascular surgery?</p>			
<p><b>2. Endocrine System</b></p> <p>Is the applicant a diabetic treated by insulin injection?</p>			
<p><b>3. Epilepsy</b></p> <p>Has the applicant suffered any attack of epilepsy since attaining the age of 5 years?</p>			
<p><b>4. Nervous System</b></p> <p>a) Is there any progressive disorder of the nervous system?</p> <p>b) Is there any history of one or more transient ischaemic attacks or cerebrovascular accidents?</p> <p>c) Is there a history of a severe head injury or major craniotomy?</p> <p>d) Is there any hearing defect to the extent of preventing communications by telephone?</p>			
<p><b>5. Psychiatric Illness</b></p> <p>a) Is there a history of psychosis?</p> <p>b) Is there abuse of alcohol or drugs?</p> <p>c) Has the applicant suffered from any mental disorder requiring psychotropic medication during the last 6 months?</p>			

	Yes	No	Notes
<p><b>6. Vision</b> (If you do not have the equipment to carry out these checks, then you should refer the applicant to an ophthalmic specialist or optician).</p> <p>a) i) Has the applicant had a cataract removed?</p> <p>ii) Does the applicant fail to meet a standard of 6/60 Snellen without correction in both eyes separately?</p> <p>b) Visual Acuity i) Acuity of vision by Snellens type test without glasses. ii) Acuity of vision by Snellens type test with glasses.</p> <p>c) Is the patient blind in one eye?</p> <p>d) Is there insuperable diplopia or a pathological field defect?</p>	Right Eye	Left Eye	
<p><b>7. Musculoskeletal System</b> Has the applicant any deformity, loss of members, or physical disability (with special attention paid to the condition of the arms, legs, hands and joints) which is likely to interfere with the efficient discharge of his or her duties as a vocational driver?</p> <p>If "Yes" please specify.</p>			
<p><b>8. Other Conditions</b> Does the applicant suffer from any disease or disability not mentioned above, which is likely to interfere with the efficient discharge of his or her duties as a driver, or to cause driving by him or her on a vocational licence to be a source of danger to the public?</p> <p>If "Yes" please specify.</p>			

I certify that I have this day examined the applicant, who has signed this form in my presence and who is registered with this Practice and who in my opinion is **FIT\*/UNFIT** to drive a Hackney Carriage or Private Hire Vehicle. \* **Delete as Appropriate.**

Signed ..... Name ..... Date .....  
**Registered Medical Practitioner** (IN BLOCK CAPITALS)

Address .....

Postcode ..... Telephone Number .....

**Please Insert practice stamp:-**