



Medical Certificate/Report
Applicant for Driver of a Combined Driver Licence

APPLICANT to complete this page in full - The applicant is responsible for paying the medical practitioner's fee for this report. The Licensing Authority accepts no liability to pay. If in doubt as to your fitness, talk to your GP before the examination or write to the Drivers Medical Branch at the DVLA.

Forename(s):		Surname:	
Home Address: (Include Post Code)			
Telephone	Home:	Mobile:	
Date of Birth:		Sex (M/F):	
Name of GP:			
Practice Address: (Including Post Code)			
GP Telephone number:		Time registered with GP:	
If less than 1 year please provide details of previous doctors.....			

NOTES FOR APPLICANT (please read before you go to your doctor)

1. The Council has to be satisfied that you are fit to hold this licence, having regard to your health and any disability which you may suffer. You must tell the Drivers Medical Branch DVLA Swansea SA1 1TU at once if you have any disability (this includes any physical or mental condition) that effects your fitness as a driver now or may do so in the future.
2. Licensing Conditions require that drivers of hackney carriages & private hire vehicles meet the Group 2 Medical standards as prescribed by the DVLA. Group 2 Standards are higher than those required for ordinary drivers. Applications for a combined hackney carriage and private hire driver's licence may be refused if a medical condition exists.
3. If the assessment is completed by a doctor other than your own GP you will be required to provide evidence of your identity in the form of a valid current passport / identity document or valid current UK driving licence.

I have read and understood the above notes and hereby give consent to my GP or any other doctor to provide further details regarding this report to the Borough Council.

Applicant's signature:		Date:	
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GMC Registered Doctor to complete the rest of this report –

Applicants name:							
Applicants date of birth:			/		/		
Doctor's Full Name:							
GMC Registration No.							

1. When completing this medical report, you must have regard to the current 'DVLA Assessing Fitness to Drive – a guide for medical professionals' and use **the Group 2 Medical Standards**. The current standards are available online.
2. Please ring the answers that apply. Use the end section for any comments you wish to make or write "see attached note" and use a separate sheet of paper.
3. This report is part of the application for a licence. The Borough Council may make further enquiries if there is any doubt as to the applicant's fitness.
4. If you are not the applicant's own GP, you are required to make contact with the applicants GP to ensure that the information provided is correct and also check the identity of the applicant by using photographic identification.

Please indicate if the applicant has experienced any medical condition connected with the list below:

01 - NEUROLOGICAL DISORDERS			
1. Serious Neurological Disorders	YES / NO	2. Epilepsy and seizures	YES / NO
3. Transient Loss of consciousness (Blackouts) – or lost/altered awareness	YES / NO	4. Cough syncope	YES / NO
5. Primary/Central Hypersomnia's	YES / NO	6. Chronic Neurological Disorders	YES / NO
7. Parkinson's Disease	YES / NO	8. Dizziness – Liability to sudden and unprovoked or unprecipitated episodes of disabling dizziness	YES / NO
9. Stroke and transient ischaemic attack (TIA) and cerebral venous thrombosis - including amaurosis fugax and retinal artery occlusion	YES / NO	10. Visual Inattention	YES / NO
11. Carotid artery stenosis	YES / NO	12. Acute Encephalitic illness & Meningitis - including Limbic Encephalitis associated with seizures	YES / NO
13. Transient Global Amnesia	YES / NO	14. Arachnoid Cysts	YES / NO
15. Colloid Cysts	YES / NO	16. Pituitary tumour	YES / NO
17. Benign Brain Tumours	YES / NO	18. Malignant Brain Tumours	YES / NO
19. Acoustic neuroma / schwannoma	YES / NO	20. Brain biopsy	YES / NO
21. Traumatic Brain Injury	YES / NO	22. Subdural Haematoma	YES / NO
23. Subarachnoid Haemorrhage	YES / NO	24. Intracranial aneurysm – truly incidental finding without haemorrhage	YES / NO
25. Arteriovenous Malformation (AVM)	YES / NO	26. Dural arteriovenous fistula	YES / NO
27. Cavernous malformation	YES / NO	28. Intracerebral Abscess / Subdural Empyema	YES / NO
29. Craniectomy and subsequent cranioplasty	YES / NO	30. Chiari malformation	YES / NO
31. Surgical treatment / foramen magnum decompression	YES / NO	32. Hydrocephalus	YES / NO

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Applicants name:			
Applicants date of birth:		/	/
33. Intraventricular shunt or extraventricular drain – insertion r revision of upper end of shunt or drain	YES / NO	34. Neuroendoscopic procedures – for example, third ventriculostomy	YES / NO
35. Intracranial Pressure-Monitoring Device – inserted by burr hole surgery	YES / NO	36. Implanted electrodes	YES / NO
02 - CARDIOVASCULAR DISORDER			
1. Angina	YES / NO	2. Acute coronary syndrome (ACS) (to include type 1 and type 2 myocardial infarction; Takotsubo cardiomyopathy)	YES / NO
3. Elective percutaneous coronary intervention (PCI)	YES / NO	4. Coronary artery bypass graft (CABG)	YES / NO
5. Coronary artery disease	YES / NO	6. Arrhythmias	YES / NO
7. Successful Catheter Ablation	YES / NO	8. Pacemaker Implant – including box change	YES / NO
9. Congenital Complete Heart Block	YES / NO	10. Implantable Cardioverter Defibrillator (ICD)	YES / NO
11. Aortic aneurysm – ascending or descending thoracic and / or abdominal	YES / NO	12. Chronic aortic dissection	YES / NO
13. Marfan syndrome and other inherited aortopathies	YES / NO	14. Peripheral arterial disease	YES / NO
15. Hypertension	YES / NO	16. Cardiomyopathies	YES / NO
17. Heart failure	YES / NO	18. Cardiac resynchronisation therapy (CRT)	YES / NO
19. Heart transplant - including heart and lung transplant	YES / NO	20. Pulmonary arterial hypertension (including chronic thromboembolic pulmonary hypertension) – an established diagnosis (under the care of a specialist centre)	YES / NO
21. Heart valve disease	YES / NO	22. Aortic stenosis	YES / NO
23. Heart valve surgery – including transcatheter aortic valve implantation and other cardiac or pulmonary percutaneous devices	YES / NO	24. ECG abnormality – suspected myocardial infarction	YES / NO
25. Left bundle branch block	YES / NO	26. Pre- excitation	YES / NO
27. Long QT syndrome – all cases of Long QT syndrome must notify DVLA	YES / NO	28. Brugada syndrome – all cases of Brugada syndrome must notify DVLA	YES / NO

03 - DIABETES MELLITUS			
1. Diabetes mellitus	YES / NO	2. Insulin-treated diabetes	YES / NO
3. Impaired awareness of hypoglycaemia – ‘hypoglycaemia unawareness’	YES / NO	4. Diabetes complications – Visual complications – affecting visual acuity or visual field	YES / NO
5. Diabetes complications - Renal complications	YES / NO	6. Diabetes complications - Limb complications – including peripheral neuropathy	YES / NO
7. Temporary insulin treatment – including gestational diabetes or post-myocardial infarction	YES / NO	8. Diabetes treated by medication other than insulin	YES / NO

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9. Diabetes managed by diet / lifestyle alone	YES / NO	10. Hypoglycaemia due to other causes	YES / NO
11. Pancreas transplant	YES / NO	12. Islet cell transplantation	YES / NO
13. Seizures provoked by hypoglycaemia	YES / NO		

04 - PSYCHIATRIC DISORDERS			
1. Anxiety or depression – mild to moderate	YES / NO	2. Severe anxiety or depression	YES / NO
3. Acute psychotic disorder	YES / NO	4. Hypomania or mania	YES / NO
5. Schizophrenia	YES / NO	6. Neurological developmental conditions	YES / NO
7. Mild cognitive impairment (not mild dementia)	YES / NO	8. Dementia - and/or any organic syndrome affecting cognitive functioning	YES / NO
04 - PSYCHIATRIC DISORDERS continued..			
9. Learning disability	YES / NO	10. Behaviour disorders	YES / NO
11. Personality disorders	YES / NO		

05 - DRUG & ALCOHOL MISUSE			
1. Alcohol misuse	YES / NO	2. Alcohol dependence	YES / NO
3. Alcohol- related disorders	YES / NO	4. Alcohol - related seizure	YES / NO
5. Drugs misuse or dependence	YES / NO	6. Seizure associated with drug use	YES / NO

06 - VISUAL DISORDERS			
1. Minimum eyesight standard met	YES / NO	2. Higher standard of visual acuity met	YES / NO
3. Minimum standard for field of vision met	YES / NO	4. Higher standards of field of vision met	YES / NO
5. Cataract	YES / NO	6. Monocular vision	YES / NO
7. Visual field defects	YES / NO	8. Diplopia	YES / NO
9. Nyctalopia	YES / NO	10. Colour blindness	YES / NO
11. Blepharospasm	YES / NO	12. Nystagmus	

07 - RENAL & RESPIRATORY DISORDERS			
1. Chronic renal failure	YES / NO	2. All other renal disorders	YES / NO
3. Disorders of respiratory function – including asthma and COPD	YES / NO	4. Primary lung carcinoma	YES / NO

08 - MISCELLANEOUS CONDITIONS			
1. Excessive sleepiness – including obstructive sleep apnoea syndrome	YES / NO	2. Profound deafness	YES / NO
3. Cancers - not covered in other chapters	YES / NO	4. Acquired immune deficiency syndrome (AIDS) and HIV infection	YES / NO
5. Age related fitness to drive	YES / NO	6. Transplant – not covered in other chapters	YES / NO
7. Devices or implants – not covered in other chapters	YES / NO	8. Cognitive decline or impairment after stroke or head injury	YES / NO
9. Cognitive disability	YES / NO	10. Driving after surgery	YES / NO

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11. Temporary medical conditions	YES / NO	12. Fractures	YES / NO
13. Medication effects	YES / NO		

09 - ANY OTHER PHYSICAL INFIRMITIES

Are there any other physical infirmities not covered above that may render the applicant as unfit to drive a taxi or private hire vehicle (for example, is the applicant fit to help a passenger in and out of a vehicle, capable of lifting heavy luggage or capable of pushing a wheelchair up a ramp?).	YES / NO
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Please note that it is ultimately the responsibility of the Borough Council to determine whether an applicant is fit to drive either a hackney carriage or private hire vehicle. Please use this space for any further comments you wish to be taken into account when assessing the applicant's suitability:

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If any of the answers given above are yes (except for some visual, section 6), then please refer to the DVLA guidance before deciding whether to declare the applicant as fit or unfit to drive to Group 2 Standards, and provide details below.

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I CERTIFY that this day I have examined the applicant in person, who has signed this form in my presence after confirming his identity. I am the applicants GP or have directly made positive contact with the applicants own GP, and there being no information to the contrary, that the applicant is:

Medically Fit: Medically Unfit:

to drive in accordance with DVLA Group 2 medical Standards.

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Applicant's Name:			
Where not applicant's own GP, state which identification documentation has been produced by the applicant:			
Signature:			
Print Name:			
Surgery Address: (including postcode)			
Telephone:		Date:	