

Environmental Health - Licensing
Borough Council of King's Lynn & West Norfolk
King's Court
Chapel Street
King's Lynn, PE30 1EX
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Borough Council of
**King's Lynn &
West Norfolk**



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.

I have read and understood the above notes and hereby give my consent to my doctor or any other medical practitioner to provide further details, if requested; regarding this report to the Borough Council in connection with the licence I am applying for.

Applicant's signature:		Date:	
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MEDICAL PRACTITIONER to complete the rest of this report

Examiner's Full Name:	
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1. When completing this medical report, please have regard to the current 'DVLA Assessing Fitness to Drive – a guide for medical professionals' using **the criteria for Group 2 Medical Standards** - for more information please see:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/517268/Fitness_to_drive.pdf
2. Please ring the answers that apply. Use the section provided 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

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

(The number before each subject heading indicates the chapter number in the DVLA guidance)

01 - NEUROLOGICAL DISORDERS			
1. Complex Epilepsy/ Epileptic seizures	YES / NO	2. Transient Loss of consciousness	YES / NO
3. Primary/Central Hypersomnia's	YES / NO	4. Chronic Neurological Disorders	YES / NO
5. Parkinson's Disease	YES / NO	6. Giddiness	YES / NO
7. Stroke and transient ischaemic attack (TIA) (including amaurosis fugax)	YES / NO	8. Acute Encephalitic illness & Meningitis (including Limbic Encephalitis associated with seizures)	YES / NO
9. Transient Global Amnesia	YES / NO	10. Arachnoid Cysts	YES / NO
11. Colloid Cysts	YES / NO	12. Benign Brain Tumours	YES / NO
13. Malignant Brain Tumours	YES / NO	14. Brain biopsy	YES / NO
15. Traumatic Brain Injury	YES / NO	16. Subdural Haematoma	YES / NO
17. Subarachnoid Haemorrhage	YES / NO	18. Intracranial aneurysm	YES / NO
19. Arteriovenous Malformation (AVM)	YES / NO	20. Dural arteriovenous fistula	YES / NO
21. Cavernous malformation	YES / NO	22. Supratentorial	YES / NO
23. Infratentorial cavernous malformation	YES / NO	24. Intracerebral Abscess / Subdural Empyema	YES / NO
25. Cranioplasty	YES / NO	26. Hydrocephalus	YES / NO
27. Intraventricular shunt or extraventricular drain	YES / NO	28. Neuroendoscopic procedures	YES / NO
29. Intracranial Pressure-Monitoring Device	YES / NO	30. Implanted electrodes	YES / NO
02 - CARDIOVASCULAR DISORDER			
1. Angina	YES / NO	2. Acute coronary syndrome (acs)	YES / NO
3. Percutaneous Coronary Intervention (PCI)	YES / NO	4. Coronary artery bypass graft (CABG)	YES / NO
5. Arrhythmias	YES / NO	6. Successful Catheter Ablation	YES / NO
7. Pacemaker Implant	YES / NO	8. Unpaced Congenital Complete Heart Block	YES / NO
9. Atrial Defibrillator	YES / NO	10. Implantable Cardioverter Defibrillator (ICD)	YES / NO
11. Prophylactic ICD	YES / NO	12. Aortic aneurysm – Ascending or descending Thoracic and / or Abdominal	YES / NO
13. Aortic Dissection	YES / NO	14. Marfan Syndrome and other inherited aortopathies	YES / NO
15. Peripheral Arterial Disease	YES / NO	16. Hypertension	YES / NO
17. Cardiomyopathies	YES / NO	18. Heart Failure	YES / NO
19. Cardiac Resynchronisation Therapy (CRT)	YES / NO	20. Heart transplant - including heart and lung transplant	YES / NO
21. Heart Valve Disease	YES / NO	22. Aortic Stenosis	YES / NO

CONFIDENTIAL (when complete)

02 - CARDIOVASCULAR DISORDER (continued)			
23. Heart valve surgery – including transcatheter aortic valve implantation	YES / NO	24. Congenital Heart Disease (CHD)	YES / NO
25. ECG Abnormality	YES / NO	26. Left Bundle Branch Block	YES / NO
27. Pre-excitation	YES / NO		
03 - DIABETES MELLITUS			
1. Insulin-treated diabetes	YES / NO	2. Impaired awareness of hypoglycaemia – 'hypoglycaemia unawareness'	YES / NO
3. Diabetes complications - visual	YES / NO	4. Renal complications	YES / NO
5. Limb complications	YES / NO	6. Temporary Insulin Treatment	YES / NO
7. Diabetes treated by medication other than insulin	YES / NO	8. Diabetes managed by diet / lifestyle alone	YES / NO
9. Hypoglycaemia due to other causes	YES / NO	10. Pancreas transplant	YES / NO
11. Islet cell transplantation	YES / NO		
04 - PSYCHIATRIC DISORDERS			
1. Anxiety or Depression	YES / NO	2. Severe anxiety or depressive	YES / NO
3. Acute Psychotic Disorders	YES / NO	4. Hypomania or Mania	YES / NO
5. Schizophrenia	YES / NO	6. Pervasive Development Disorders and ADHD	YES / NO
7. Mild Cognitive Impairment (not mild dementia)	YES / NO	8. Dementia and/or any organic syndrome affecting cognitive functioning	YES / NO
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 & Dependence	YES / NO	6. Seizure associated with drug use	YES / NO
06 - VISUAL DISORDERS			
1. Higher standard of visual acuity	YES / NO	2. Higher standards of field of vision	YES / NO
3. Cataract	YES / NO	4. Monocular Vision	YES / NO
5. Visual Field Defects	YES / NO	6. Diplopia	YES / NO
7. Night Blindness	YES / NO	8. Colour Blindness	YES / NO
9. Blepharospasm	YES / NO		
07 - RENAL & RESPIRATORY DISORDERS			
1. Chronic Renal Failure	YES / NO	2. All Other Renal Disorders	YES / NO
3. Disorders of respiratory function	YES / NO	4. Primary lung carcinoma	YES / NO
08 - MISCELLANEOUS CONDITIONS			
1. Excessive Sleepiness	YES / NO	2. Profound deafness	YES / NO
3. Cancers - not covered in other chapters	YES / NO	4. 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 – including early dementia and after stroke or head injury	YES / NO
9. Cognitive disability	YES / NO	10. Driving after surgery	YES / NO
11. Temporary medical conditions	YES / NO	12. Fractures	YES / NO
13. Medication effects	YES / NO		
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

