

**IMPORTANT – THIS MEDICAL MUST BE COMPLETED BY YOUR OWN G.P.**

**MEDICAL EXAMINATION FOR DRIVERS OF HACKNEY CARRIAGES AND/OR PRIVATE HIRE VEHICLES UNDER GROUP II DRIVING STANDARDS (these standards have been adopted by Rochdale Borough Council)**

NAME:

ADDRESS:

DATE OF BIRTH:

PRESENT OCCUPATION:

**NOTES**

- 1) This certificate is for the confidential use of the applicant, the Licensing Authority and medical practitioners. Please complete the form and hand to the applicant.
- 2) Any fee charged is payable by the Applicant
- 3a) The minimum standard of acuity of vision required is 6/9 in one eye and 6/12 in the other with or without glasses or contact lenses.
- b) If the applicant wears glasses or contact lenses their uncorrected visual acuity must be no worse than 3/60 in either eye measured separately.
- c) Monocular vision disqualifies you under Group 2. Unless appropriate grandfather rights apply.
- 4) Special attention is directed to the condition of the arms, hands, legs and feet and particularly to the joints of the upper and lower extremities.
- 5) A licensee is examined every seven years up to the age of 59. Upon reaching 60 years of age a medical is required upon application/renewal then every three years subsequently unless the medical practitioner considers that such less period (not less than 1 year) is advisable.
- 6) Medical records are held at your Practice for this person.
- 7) If you need to be referred for any further assessment with regards to Group II Driving Standards, an appointment will be made for you to attend our medical advisors, Mediscreen, at a cost of £155 per appointment, if screening is necessary a further cost of £58 is payable and any further cost which may be incurred as a result of contacting your GP you will be responsible for.

**QUESTION**

**Reply to be given in this Column**

1. Is the man/woman to the best of your judgement, subject to epilepsy, vertigo, sudden attacks of disabling giddiness or fainting or any mental disorder or defect likely to affect his/her efficiency as a driver of a motor vehicle?
2. Does he/she suffer from any heart or lung disorder or defect which might interfere with the efficient performance of his/her duties as a hackney carriage or private hire vehicle driver?
3. Are the blood pressure readings – both systolic and diastolic – normal, having regard to his/her age? If not, please specify the blood pressure and whether you consider the abnormal blood pressure likely to affect his/her competence. As a hackney carriage or private hire vehicle driver?

QUESTION	Reply to be given in this column
4a) Does the applicant wear glasses/contact lenses?	YES/NO
b) Acuity of vision, with glasses or contact lenses if worn, by Snellen's test type.	RIGHT EYE
	LEFT EYE
c) Please indicate the <u>uncorrected</u> vision. (Minimum 3/60)	RIGHT
	LEFT
d) Is the field of vision by hand test normal and sufficient for the driver of a motor vehicle?	
e) Is the colour vision normal?	YES/NO
f) Does the applicant suffer from a squint or any other visual defect which could affect his fitness to drive a motor vehicle?	
g) Do you consider that he/she should wear glasses when driving?	YES/NO
5a) Is there any defect of hearing?	YES/NO
b) If so, do you consider that it would interfere with the efficient performance of his/her duties as a hackney carriage or private hire driver?	
6a) Has he/she any deformity or loss of limbs?	YES/NO
b) If so, would it interfere with the efficient performance of his/her duties as a hackney carriage or private hire vehicle driver?	
7. Is he/she sufficiently active for the performance of his/her duties?	YES/NO
8. Does he/she show any evidence of being addicted to the excessive use of alcohol or drugs?	YES/NO
9 Is he/she in your opinion generally fit as regards: - a) bodily health, and b) temperament, for the duties of a hackney carriage or private hire vehicle driver?	YES/NO
	YES/NO
10. Is there any abnormality present that is not included in the above question?	
11a) Do you consider further examination necessary within the next seven years? b) If so, in what period of time?	YES/NO

I certify that I have this day examined the above named driver and he/she is registered with this practice and his/her Medical records are held with this Practice. The answers to the foregoing questions are correct to the best of my knowledge and belief, and I consider him/her 

<b>*FIT / UNFIT</b>
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**UNDER GROUP II DRIVING STANDARDS**, to act as a driver of hackney carriages or private hire vehicles licensed by the Metropolitan Borough of Rochdale.

Signature, or qualified and registered Medical Practitioner: ..... Date .....

Address: .....

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Tel No: .....

\*Delete as appropriate