

Medical Examination Certificate Licensed Driver

Information contained in this form may be passed to other Departments of the Council

Full Name of Applicant :
(BLOCK LETTERS)

Address :

Date of Birth :

DATE OF EXAMINATION :

		Reply to be written In this column
1.	Is this person to the best of your judgement, subject to epilepsy, vertigo, sudden attacks of disabling giddiness or faintness 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 lung or heart disorder or defect which might interfere with the efficient performance of his/her duties as a Hackney Carriage/Private Hire Vehicle driver?	
3.	Are the blood pressure readings – both systolic and diastolic – normal, having regard to age? If not, please specify the blood pressure and whether you consider the abnormal blood pressure likely to affect competence as a Hackney Carriage/Private Hire Vehicle driver?	
4.	Does he/she suffer from Diabetes to such an extent as to make him/her unsuitable for the duties of a Hackney Carriage/Private Hire Vehicle driver?	

5.	(a) Acuity of vision (with glasses if worn) by Snellen's test type (b) Were glasses, if worn, the applicant's own? (c) Is the field of vision by hand test normal and sufficient for the driver of a motor vehicle? (d) Is the colour vision normal? (e) Does the applicant suffer from a squint or any other visual defect which could affect fitness to drive a motor vehicle? (f) Do you consider that he/she should wear glasses when driving?	<table border="0"> <tr> <td style="text-align: center;">Right Eye</td> <td style="text-align: center;">Left Eye</td> </tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>	Right Eye	Left Eye	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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6.	Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the duties of a Hackney Carriage/Private Hire driver?															
7.	Has he/she any deformity or loss of limbs? If so, would it interfere with the efficient performance of duties as Hackney Carriage/Private Hire driver?															
8.	Is he/she sufficiently active for the performance of his/her duties?															
9.	Does he/she show any evidence of being addicted to the use of alcohol or drugs?															
10.	Is he/she, in your opinion, generally fit as regards : (a) bodily health (b) temperament for the duties of a Hackney Carriage/Private Hire Driver?															
11.	Is there any abnormality present that is not included in the above questions?															
12.	Do you consider further examination necessary? If so, in what period of time?															

Note 1 ANY FEE CHARGED IS PAYABLE BY THE APPLICANT

Note 2 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.

I HEREBY CERTIFY THAT :

- 1) I have this day examined _____
- 2) I am the General Practitioner with whom he/she is registered or I am a member of that practice and I have access to the applicant's medical records.
- 3) I am not the applicant's General Practitioner but am a qualified doctor and have examined the applicant.
- 4) The answers to the foregoing questions are correct to the best of my knowledge and belief. I consider the applicant **FIT / UNFIT*** (* Delete as applicable) to act as a driver of a Hackney Carriage/Private Hire vehicle.

Doctor's Official Stamp

Name: _____

Signature : _____

Qualifications : _____

Address : _____

Dated : _____

This form should be returned to the Licensing Officer
High Peak Borough Council, Buxton Town Hall, Buxton Derbyshire SK17 6EL
Telephone:- 0345 129 7777
E-mail : licensing@highpeak.gov.uk
