

3rd PARTY MEDICAL REPORT ON AN APPLICANT FOR A HACKNEY CARRIAGE OR PRIVATE HIRE DRIVER'S LICENCE

Notes

1. For the applicant (Part A)

This medical report 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 council accepts no liability to pay it. If in doubt as to your fitness, talk to your doctor before the examination.

2. For the Medical Practitioner (Part B):

- (a) When completing this medical report, GPs must be fully aware of the current DVLA Group 2 medical standard, guidance for professionals can be found online at [Assessing fitness to drive: a guide for medical professionals](#)
- (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.
- (c) Please read Part 2 Medical Legal Considerations before signing completed form.

Part A – Information about the applicant

Full name (block capitals):

Address:

Postcode:

Date of birth:

Age:

Telephone number:

Name and address of your present General Practitioner, or of the group practice with which you have been registered for the last 12 months.

Name:

Address:

Postcode:

I hereby consent to the Licensing Department at Salford Council receiving a report from my doctors and specialists about my medical condition.

Applicant signature:

Please sign in the presence of the Medical Practitioner who signs the report.

Part B - Medical report

Have you reviewed the applicants full medical records? Yes ☐ No ☐

Have you reviewed a summary of the applicants, medical records? Yes ☐ No ☐

Cardiovascular

Question	Yes	No	Notes
Is there any history of cardiac infarction (Coronary Thrombosis), any persistent anginal pain, or any current need of treatment for anginal pain?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any other history, including ECG of Ischaemic heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any history or evidence of arrhythmia (excluding extrasystoles which disappear on effort)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the blood pressure 200/110 or over?	<input type="checkbox"/>	<input type="checkbox"/>	
Is hypertension treated by medication other than a diuretic or beta blocker?	<input type="checkbox"/>	<input type="checkbox"/>	
Is a cardiac pacemaker fitted?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a history of current intermittent claudication?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a history of open heart surgery or vascular surgery?	<input type="checkbox"/>	<input type="checkbox"/>	

Endocrine System

Question	Yes	No	Notes
Is the applicant a diabetic treated by insulin injection?	<input type="checkbox"/>	<input type="checkbox"/>	

Epilepsy

Question	Yes	No	Notes
Is the applicant on any anti-epileptic medication? If yes, please give details of current medication	<input type="checkbox"/>	<input type="checkbox"/>	

Nervous System

Question	Yes	No	Notes
Is there any progressive disorder of the nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any history of one or more transient ischaemic attacks or cerebrovascular accidents?	<input type="checkbox"/>	<input type="checkbox"/>	

Question	Yes	No	Notes
Is there a history of severe head injury or major craniotomy?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any hearing defect to the extent of preventing communication by telephone?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a history of daytime/excessive sleepiness?	<input type="checkbox"/>	<input type="checkbox"/>	

Psychiatric illness

Question	Yes	No	Notes
Is there a history of psychosis?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there abuse of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the applicant suffered from any mental disorder requiring psychotropic medication during the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	

Vision

If you do not have the equipment to carry out these checks, then you should refer the applicant to an ophthalmologist or optician

Question	Yes	No	Notes
Has the applicant had a cataract removed?	<input type="checkbox"/>	<input type="checkbox"/>	
With correction, is acuity worse than 3/60 (Snellen) in either eye?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the visual acuity, using corrective lenses if worn worse than 6/9 in the stronger or 6/12 in the weaker eye?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is it worse than 6/12 or 6/36 respectively? (contact lenses/spectacles are worn) delete as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	
Has the patient monocular vision?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there double vision or a pathological field defect?	<input type="checkbox"/>	<input type="checkbox"/>	

Musculoskeletal System

Question	Yes	No	Notes
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) that is likely to interfere with the efficient discharge of his or her duties as a vocational driver? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>	

Other conditions

Question	Yes	No	Notes
Does the applicant suffer from any other disease, disability or take medication 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? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>	

Signed:

Date:

Name (in block capitals):

REGISTERED MEDICAL PRACTITIONER

Address:

Postcode:

Telephone number:

PLEASE STAMP WITH PRACTICE ADDRESS

3rd PARTY MEDICAL REPORT ON AN APPLICANT FOR A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE DRIVER'S LICENCE

To: Salford City Council
Licensing Section
Civic Centre
Chorley Road
Salford
M27 5AW
Email: licensing@salford.gov.uk

Medical examiner:

Details of person examined:

Name:

Date of birth:

Address:

Postcode:

Being a registered medical practitioner who has examined the applicant and have had access to at **least a summary of their medical records**, and with due regard to the advice and guidance appertaining to **Group 2 drivers issued by the DVLA**, I consider the applicant:

☐ **Has met** the DVLA Group 2 medical standards and is therefore fit to hold a hackney carriage / private hire driver's licence.

☐ **Has not met** DVLA Group 2 medical standards and is therefore **unfit** to hold a hackney carriage / private hire driver's licence.

Please tick relevant box

Do you believe this person requires another medical in order to perform their duties before the statutory six years elapses? (12 months for over 65s)

Yes ☐ **No** ☐

Confirm that you are the person's GP

Yes ☐ **No** ☐

Date person registered with GP practice:

In assessing the applicant's medical fitness, I declare that I have examined them in accordance with the current DVLA Group 2 medical standard.

Doctors name:

Address:

Postcode:

Signed:

Date:

Note: This form must be returned with the completed medical report. All information is treated in the strictest confidence.

Doctors' liability in Certifying Fitness to Drive

The responsibility for determining the fitness to drive of an individual rests with the DVLA. All licence holders have a responsibility to inform the DVLA if they develop a medical condition or if an existing one worsens which may affect their fitness to drive. Doctors may be asked to provide a report for the DVLA but this will not include an opinion on the patient's fitness to drive.

The DVLA has the statutory responsibility for certifying individuals as fit to drive Group II. Doctors are required to undertake no more than the examination and completion of form D4. The form does not ask for an opinion on fitness to drive.

The responsibility for licensing taxi and hire car drivers, to comply with local requirement, rests with the local traffic authority. Taxis and hire cars are not PCVs under the provisions of the Passenger Vehicles Act 1981, and doctors may be asked to certify fitness to drive for the Local Authority. Doctors may also be asked by their patients to provide a certificate of fitness to drive for an insurance company. These fall outside the NHS and may attract a fee.

Doctors providing certificates for local authorities and insurance companies, where they know of no medical condition that would render the patient unfit to drive, should be aware of a potential liability.

Third party motor insurance damages are compulsorily payable by insurers who can reclaim costs from others who are negligent. A doctor certifying a person as fit, without due care and skill, or contrary to national guidelines, could be found to be negligent and be held liable for the costs incurred by the motor insurer.

Doctors facing allegations of this nature may look to their defence organisations in the usual way to provide discretionary indemnity.

Confidentiality

All doctors owe their patients a duty of confidentiality. This duty may be enforced by the General Medical Council (GMC). Difficulties may arise when a doctor feels the need to breach confidentiality in the public interest and this may occur, particularly with regard to fitness to drive.

The GMC recognises that on rare occasions a doctor may breach confidentiality in the public interest where failure to do so may place the patient or some other person at risk of serious harm or death. In the first instance, the doctor should advise the patient to inform the DVLA of any condition, or deterioration in an existing condition, which may affect the patient's fitness to drive. However, it may come to the doctor's attention that the patient may have failed to do so or may continue to drive contrary to the doctor's advice, pending a determination by the DVLA.

The patient should be challenged, and where appropriate, advised that the doctor will inform the DVLA directly. Only in exceptional circumstances will the doctor inform the DVLA without firsts warning the patient and/or on the basis that the source of the information will not be revealed by the DVLA to the patient.

The doctor might become aware that a patient's licence has been revoked by the DVLA, but that he continues to drive. It may then be appropriate for the doctor to inform the local police.

Doctors should only breach confidentiality in good faith and after careful thought. Members of a defence organisation are recommended to discuss such cases with a medico-legal adviser in advance.

Notwithstanding the above, when a patient has a serious medical condition likely to make them a danger to themselves and others if they drive, the doctor should confidentially inform the DVLA Medic Adviser without delay (telephone number 01792 783 686) where the condition of the patient is such that they are unable or unlikely to be able to notify DVLA, for example demented or psychotic patients.