MEDICAL IN CONFIDENCE

EASTBOURNE
Borough Council
www.eastbourne.gov.uk

Medical Report

Medical Report on an applicant for a licence to drive a Hackney Carriage or Private Hire Vehicle

- You **MUST** send in this Medical Report form completed by your **REGISTERED GENERAL PRACTITIONER DOCTOR**. This is because the Doctor completing the form should have access to your medical records and previous medical history. Completion of the form by a Doctor other than your Registered Practitioner may result in considerable delay to your application and in you incurring additional costs.

- This form is required to be completed for all new applicants for a Dual Hackney Carriage and Private Hire Driver's Licences, on attaining the age of 45 years then every five years after the age of 45 years until reaching the age of 65 when they are required to submit a medical annually.

- If an individual has submitted a satisfactory medical in the 6 months preceding any threshold date then the requirement to submit a further medical is waived until the next threshold date, provided this does not conflict with any condition of their licence.

WHAT YOU HAVE TO DO

1. **BEFORE** consulting your Doctor please read the **"Medical Standards for Hackney Carriage and Private Hire Drivers overleaf"**. If you have any of these conditions a licence will be refused or revoked.

2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your Doctor/Optician **BEFORE** you arrange for this medical form to be completed. The Doctor will normally charge you for completing it. In the event of your application being refused, the fee you pay the Doctor is **NOT** refundable. Eastbourne Borough Council has **NO** responsibility for the fee payable to the Doctor.

3. In future, if you develop symptoms of a condition that could affect safe driving you must inform Eastbourne Borough Council's Licensing Team immediately.

4. Fill in **Section 7 AND Section 8** of this report in the presence of the Doctor carrying out the examination.

WHAT THE DOCTOR HAS TO DO

1. **Please arrange for the patient to be seen and a full examination to be undertaken.**

2. Please complete this report, having regard to the latest editions of the Driver & Vehicle Licensing Agency's publications "At a Glance Guide to the Current Medical Standards of Fitness" and (INF4D)"Medical Examination Report D4: Guidance notes to fill in form D4" (available on the DVLA's website).

3. Applicants who may be asymptomatic at the time of the examination should be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold any type of driving licence, they must inform the Drivers Medical Group, D7, DVLA, Swansea, SA99 1TU and Eastbourne Borough Council's licensing team immediately.

4. **PLEASE ENSURE THAT YOU HAVE COMPLETED ALL THE SECTIONS.**
   IF THIS REPORT DOES NOT BRING OUT IMPORTANT CLINICAL DETAILS WITH RESPECT TO DRIVING, PLEASE GIVE DETAILS IN SECTION 6.

MEDICAL STANDARDS FOR DRIVERS OF HACKNEY CARRIAGES AND PRIVATE HIRE VEHICLES.

Standards for hackney carriage or private hire drivers, as vocational drivers, are higher than those for ordinary car drivers. In line with recommended good practice, the Council will expect licensed drivers to meet the **Group 2 vocational driver standards**. Specific medical conditions which may be a bar to obtaining or holding a hackney carriage or private hire driver's licence are as follows: -

1. Epilepsy or liability to epileptic attacks

A diagnosis of epilepsy or spontaneous epileptic attack(s) requires 10 years free of further epileptic attack without taking anti-epilepsy medication during that 10-year period. For conditions that cause an increased liability to epileptic attacks, the risk of attacks must fall to that of the general population. The Council will refuse or revoke the licence if these conditions cannot be met.

2. Diabetes

Applicants with insulin treated diabetes will not normally be able to obtain a licence **unless:**

- they held a hackney carriage or private hire driver's licence valid at 1 April 1991 and the Council's licensing team had knowledge of the insulin treatment before 1 January 1991

or

- they are able to provide documentary evidence that their diabetes is consistently well controlled, with reference to the advice in chapter 3 of the latest edition of the DVLA's "At a Glance Guide to the Current Medical Standards of Fitness to Drive" in respect of Group 2 vocational drivers.

If you have any condition other than insulin treated diabetes your Doctor should be able to advise you as to whether you meet the relevant higher medical standards. Please refer to the section "Other Medical Conditions" in this report.

3. Eyesight

All applicants must be able to read in good daylight (with the aid of glasses or contact lenses if worn) a registration mark fixed to a motor vehicle and containing letters and figures 79 millimetres high and 50 millimetres wide (i.e. post 1.9.2001 font) at a distance of 20 metres, or at a distance of 20.5 metres where the characters are 79 millimetres high and 57 millimetres wide (i.e. pre 1.9.2001 font).

Visual Acuity

(i) Applicants must have:

- a visual acuity of at least 6/7.5 (0.8 decimal) in the better eye; and
- a visual acuity of at least 6/60 in the worse eye; and
- Where glasses are worn to meet the minimum standards they should have a corrective power ≤+ 8 dioptres.

An applicant who held a Eastbourne hackney carriage or private hire driver's licence before 1st January 1997 and who has uncorrected visual acuity of less than 3/60 in only one eye may be able to meet the required standard.

An applicant who held a hackney carriage or private hire driver's licence before 1st March 1992,but who does not meet the standard in (i) above **may** still qualify for a licence. Please contact the licensing team if you require further information.

(i) Normal binocular field of vision

The second E.C. Directive requires a normal binocular field of vision for Group 2 Drivers

(ii) **Monocular vision**

Drivers who have monocular vision will not meet the Group 2 standard, unless the applicant held a HC/PH drivers licence prior to 01.01.1991

(iii) **Uncontrolled symptoms of double vision**

Uncontrolled symptoms of double vision preclude licensing. As monocularity is a bar, the treatment for double vision with a patch will not meet the Group 2 standard.

Please note that a failure to meet the epilepsy, diabetes or eyesight requirements will normally result in the refusal of an application.

4. **Other Medical Conditions**

In addition to those medical conditions mentioned above, an applicant or licence holder is likely to be refused if they are unable to meet the national recommended guidelines in cases of:-

- Within six weeks of myocardial infarction, an episode of unstable angina, CABG or coronary angioplasty
- Angina, heart failure, or cardiac arrhythmia which remains uncontrolled
- Implanted cardiac defibrillator
- Hypertension where the blood pressure is persistently 180 systolic or more or 100 diastolic or more
- A stroke or TIA within the last 12 months
- Unexplained loss of consciousness with liability to recurrence
- Meniere's and other sudden and disabling vertigo, within the last 12 months, with a liability to recurrence
- Insuperable difficulty in communicating by telephone in an emergency
- Major brain surgery and/or recent severe head injury with serious continuing after effects
- Parkinson's disease, multiple sclerosis or other chronic neurological disorders likely to affect safe driving
- Psychotic illness within the past three years
- Serious psychiatric illness
- If major psychotropic or neuroleptic medication is being taken
- Alcohol and/or drug misuse within the last 12 months or alcohol and/or drug dependency or use in the past three years
- Dementia
- Any malignant condition, within the last 2 years, with a significant

liability to metastasise to the brain
- Any other serious medical condition likely to affect the safe driving of a hackney carriage or private hire vehicle.

5. Tiredness: Sleep Disorders

Up to one fifth of accidents on motorways and other monotonous roads may be caused by drivers falling asleep at the wheel.

Many accidents are attributed to “driver inattention” but once vehicles faults, traffic offences, poor road or weather conditions, alcohol and specific medical causes are excluded, closer inspection suggests driver sleepiness may be the cause. Evidence for this includes the apparent failure to respond to traffic and road conditions generally and, in particular, the absence of signs of emergency braking.

Driver sleepiness may be caused by modern life styles preventing adequate rest. It may be made worse by shift working combined with the monotonous nature of certain types of driving. Alertness fluctuates naturally throughout the day. Driving between 02:00 and 07:00 increases the risk of a sleep related accident. Most people also tend to be less alert during the mid-afternoon or after a heavy meal. All drivers need to address these problems responsibly.

However, some medical conditions may cause excessive sleepiness. These will greatly increase any normal tendency to sleepiness.

The commonest medical cause is **Obstructive Sleep Apnoea Syndrome (OSA)**. This condition occurs most commonly, but not exclusively, in overweight individuals, particularly those with a large collar size. Partners often complain about the snoring and notice that sufferers seen to have irregular breathing during sleep. Sufferers of OSA rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing.

OSA is one of the few medical conditions that has been shown to increase significantly the risk of traffic accidents. However, once diagnosed, there is very effective treatment available, normally through specialist centres.

The greatest danger is prior to diagnosis, when the significance of the symptoms is not appreciated. A road traffic accident may be the first clear indication of the condition. All drivers, especially professional drivers, and doctors need to be much more aware of the risks of sleepiness from this treatable cause.

Questions?

The councils licencing team can be contacted as follows:

Tel: 01323 410000
Address: Eastbourne Borough Council , Town Hall, Grove Road, Eastbourne , BN21 4UG
Email: customerfirst@lewes-eastbourne.gov.uk

Medical examination report

Vision assessment

To be filled in by a doctor or optician/optometrist

Doctors – You MUST read the notes in the INF4D leaflet so that you can decide Whether you are able to fully complete the vision assessment.
Please check the applicant's identity before you proceed.

The visual acuity, as measured by the 6 metre Snellen chart, must be at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and at least Snellen 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to achieve this standard. A LogMAR reading is acceptable.

If correction is needed to meet the eyesight standard for driving, ALL questions must be answered. If correction is NOT needed, questions 4 and 5 can be ignored.

1. Please confirm the scale you are using to express the driver's visual acuities.

Snellen ☐ Snellen expressed as a decimal ☐

LogMAR ☐

2. Please state the visual acuity of each eye.
Please convert any 3 metre readings to the 6 metre equivalent.

Uncorrected		**Corrected (using the prescription worn for driving)**	
R	L	R	L

3. Please give the best binocular acuity (with corrective lenses if worn for driving) ☐

	Yes	**No**
4. If **glasses** were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptres?	☐	☐
5. If a correction is worn for driving, is it well tolerated?	☐	☐
6. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)?	☐	☐
7. Is there diplopia?	☐	☐
(a) Is it controlled?	☐	☐
If **Yes,** please ensure you give full details in the box provided		
8. Is there any reason to believe that there is impairment of contrast sensitivity or intolerance to glare?	☐	☐
9. Dose the applicant have any other ophthalmic condition?	☐	☐

Details

Date of examination (see INF4D)

I consider that the applicant MEETS / DOES NOT MEET* the criteria for a Group 2 vocational driver's licence. *please delete whichever is inapplicable

Name (print)

Signature

Date of signature D D M M Y Y

Please provide your GOC, HPC or GMC number

Doctor/optometrist/optician's stamp

Applicant's full name

Date of birth D D M M Y Y

Medical Examination
to be completed by the Doctor *(please use black ink)*
Please answer all questions

Please give patient's weight [ ] **(kg/st) and Height** [ ] **(cms/ft)**

Please give details of smoking habits, if any [ ]

Please give number of alcohol units taken each week [ ]

SECTION 1 Nervous System — **YES NO**

1. Has the applicant ever had any form of epileptic attack? [ ] [ ]
   *(a) If **YES**, please give date of last attack* [ ]
   (b) If treated, please give date when treatment ceased [ ]
2. Is there a history of blackout or impaired consciousness within the last 5 years? [ ] [ ]
   *(a) If **YES**, please give date(s) and details in **SECTION 6***
3. Is there a history of stroke or TIA within the past 5 years? [ ] [ ]
   *(a) If **YES**, please give date(s) and details in **SECTION 6***
4. Is there a history of sudden disabling dizziness/vertigo? [ ] [ ]
   *(a) If **YES**, please give date(s) and details in **SECTION 6***
5. Has there been an episode of sudden disabling dizziness/vertigo within the last year with a liability to recur? [ ] [ ]
   *(a) If **YES**, please give date(s) and details in **SECTION 6***
6. Does the patient have a pathological sleep disorder? [ ] [ ]
   *(a) If **YES**, has it been controlled successfully? Please give details in **SECTION 6*** [ ] [ ]
7. Is there a history of chronic and/or progressive neurological disorder? [ ] [ ]
   *(a) If **YES**, please give date(s) and details in **SECTION 6***
8. Is there a history of brain surgery? [ ] [ ]
   *(a) If **YES**, please give date(s) and details in **SECTION 6***

YES NO

9. Is there a history of serious head injury? [ ] [ ]
   *(a) If **YES**, please give date(s) and details in **SECTION 6***
10. Is there a history of brain tumour, either benign or malignant, primary or secondary? [ ] [ ]
   *(a) If **YES**, please give date(s) and details in **SECTION 6***

SECTION 2 Diabetes Mellitus — **YES NO**

1. Does the applicant have diabetes mellitus? [ ] [ ]
   *If **YES**, please answer the following questions*
   *If **NO**, proceed to **SECTION 3***
2. Is the diabetes managed by:-
   (a) Insulin? [ ] [ ]
   *If **YES**, date started on insulin* [ ]
   (b) Oral hypoglycaemic agents and diet? [ ] [ ]
   *If **YES**, is there a risk of inducing Hypoglycaemia which Includes sulphonylureas and glinides.* [ ] [ ]
   (d) Diet only? [ ] [ ]
3. Is the diabetic control generally satisfactory? [ ] [ ]

Applicant's full name [ ] **Date of birth** D D M M Y Y

4. Is there evidence of:-
   (a) Loss of visual field? ☐ ☐

   (b) Has there been bilateral laser treatment ☐ ☐
   *If **YES**, please give date* ☐

   (c) Severe peripheral neuropathy? ☐ ☐

   (d) Significant impairment of limb function or joint position sense? ☐ ☐

   (e) Significant episodes of hypoglycaemia? ☐ ☐

   (f) Complete loss of warning symptoms of hypoglycaemia? ☐ ☐

   If YES to any of the above, please give details in SECTION 6

SECTION 3 Psychiatric Illness **YES NO**

1. Has the applicant suffered from or required treatment for a psychotic illness in the past 3 years? *(a) If **YES**, please give date(s) and details in **SECTION 6*** ☐ ☐
2. Has the applicant required treatment for any other significant psychiatric disorder within the past 6 months? ☐ ☐
   *(a)If **YES**, please give date(s), details of medication and period of stability in **SECTION 6***
3. Is there any evidence of dementia or cognitive impairment? ☐ ☐
   *(a)If **YES**, please give details in **SECTION 6***
4. Is there a history or evidence of alcohol misuse or alcohol dependency in the past 3 years? ☐ ☐
5. Is there a history of persistent drug or substance misuse or dependency in the past 3 years? *(a) If **YES**, to questions 4 or 5, please give details in **SECTION 6*** ☐ ☐

SECTION 4 General **YES NO**

1. Has the applicant **currently** a significant disability of the spine or limbs which is likely to impair control of the vehicle? ☐ ☐
   *(a)If **YES**, please give details in **SECTION 6***
2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally? ☐ ☐
   *(a)If **YES**, please give dates and diagnosis and state whether there is current evidence of dissemination*

YES NO

3. Is the applicant profoundly deaf? ☐ ☐

   *(a)If **YES**, could this be overcome by any means to allow a telephone to be used in an emergency?* ☐ ☐
4. Is the applicant taking any regular medication, at present, which might impair the ability to drive? *(a) If **YES**, please give details in **SECTION 6*** ☐ ☐

Applicant's full name ☐ **Date of birth** D D M M Y Y

SECTION 5 Cardiac

A. Coronary Artery Disease

Is there a history of:- **YES NO**

1. Myocardial infarction? ☐ ☐
   (a) *If **YES**, please give date(s)* ☐
2. Coronary artery by-pass graft? ☐ ☐
   (a) *If **YES**, please give date(s)* ☐
3. Coronary Angioplasty? ☐ ☐
   (a) *If **YES**, please give date(s)* ☐
4. Any other Coronary artery procedure? ☐ ☐
   (a) *If **YES**, please give details in **SECTION 6***
5. Has the applicant suffered from Angina? ☐ ☐
   (a) *If **YES**, please give the date of the last attack* ☐
6. Has the applicant suffered from Heart Failure? ☐ ☐
   (a) *If **YES**, is the applicant **STILL** suffering from Heart Failure or only remains controlled by the use of medication?* ☐ ☐
7. Has a resting ECG been undertaken? If **NO**, proceed to question 8 ☐ ☐
   (a) *If **YES**, please give date* ☐
   (b) *Does it show pathological Q waves?* ☐ ☐
   (c) *Does it show Left Bundle branch block?* ☐ ☐
8. Has an exercise ECG been undertaken (or planned)? ☐ ☐
   (a) *If **YES**, please give date* ☐ *and give details in **SECTION 6***

   A copy of the exercise test result/report (if done in the last 3 years) would be useful
9. Has an angiogram been undertaken (or planned)? ☐ ☐
   (a) *If **YES**, please give date* ☐ *and give details in **SECTION 6***

B. Cardiac Arrhythmia **YES NO**

1. Has the applicant had a significant documented disturbance of cardiac rhythm within the past 5 years? *If **YES**, please give details in **SECTION 6*** ☐ ☐

   *If **NO**, proceed to **SECTION C***
2. Has the arrhythmia (or its medication) caused symptoms of sudden dizziness or impairment of consciousness or any symptom likely to distract attention during driving within the past 2 years? ☐ ☐
3. Has Echocardiography been undertaken? *If **YES**, please give details in **SECTION 6*** ☐ ☐
4. Has an exercise test been undertaken? ☐ ☐
   (a) *If **YES**, please give date* ☐ *and give details in **SECTION 6***

   A copy of the exercise test result/report (if done in the last 3 years) would be useful

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5. **Has a <u>Cardiac defibrillator</u> or antiventricular tachycardia device been implanted?** ☐ ☐
6. **Has a PACEMAKER been implanted?** *If **NO**, proceed to **SECTION C*** ☐ ☐
   *(a) If **YES**, was it implanted to prevent Bradycardia?* ☐ ☐

YES NO

   (b) Is the applicant continuing to suffer from sudden and/or disabling symptoms? ☐ ☐
   (c) Does the applicant attend a pacemaker clinic regularly? ☐ ☐

C. Other Vascular Disorders **YES NO**

1. Is there a history of Aortic aneurysm (thoracic or abdominal) with a transverse diameter of 5 cms or more? *If **NO**, proceed to **SECTION D*** ☐ ☐
   *(a) If **YES**, has the aneurysm been successfully repaired?* ☐ ☐
2. Has there been dissection of the Aorta? ☐ ☐
3. Is there a history or evidence of peripheral vascular disease? ☐ ☐
   *(a) If **YES**, please give details in **SECTION 6***

D. Blood pressure

1. *Does the patient suffer from hypertension requiring treatment?* ☐ ☐
   *(a) If **YES**, is the systolic pressure consistently greater than 180?* ☐ ☐
   (b) Is the diastolic pressure consistently greater than 100? ☐ ☐
   (c) Does the hypertensive treatment cause any side effects likely to affect driving ability? ☐ ☐
2. Is it possible that your patient suffers from hypertension but as yet the diagnosis is not definitely established? ☐ ☐
   *(a) If **YES**, please supply last 3 readings and dates obtained*

E. Valvular Heart Disease

1. Is there a history of acquired valvular heart disease (with or without surgery)? ☐ ☐
   *If **NO**, proceed to **SECTION F***
2. Is there any history of embolism? (not pulmonary embolism) ☐ ☐
   *(a) If **YES**, please give details in **SECTION 6***
3. Is there persistent dilatation or hypertrophy of either ventricle? ☐ ☐
   *(a) If **YES**, please give details in **SECTION 6***

F. Cardiomyopathy

1. Is there established cardiomyopathy? ☐ ☐
2. Has there been a heart or heart/lung transplant? ☐ ☐
   *(a) If **YES**, please give details in **SECTION 6***

Applicant's full name ☐ **Date of birth** D D M M Y Y

G. Congenital Heart Disorders

1. Is there a congenital heart disorder?
   *(a) If **YES**, please give details in **SECTION 6***
   *(b) If **YES**, is it **currently** regarded as minor?*

H. Is the patient in the care of a Specialist cardiac clinic?
   *(a) If **YES**, please give details in **SECTION 6***

Please remember to complete SECTION 6 if you have answered YES to any question

SECTION 6
Please include any relevant test results

Include additional pages as required.

Applicant's full name **Date of birth** D D M M Y Y

Applicant's Consent and Declaration

SECTION 7

Consent and Declaration
This section **MUST** be completed and must **NOT** be altered in any way.

Please sign statements below.
I authorise my Doctor(s) and Specialist(s) to release reports to an authorised officer of Eastbourne Borough Council about my medical condition.

I authorise Eastbourne Borough Council to divulge relevant medical information about me to Doctors or Paramedical staff as necessary in the course of medical enquiries into my fitness to drive.

I declare that I have checked the details I have given on the enclosed questionnaire and that to the best of my knowledge they are correct.

Signature ____________________ **Date** __________

I authorise Eastbourne Borough Council to release medical information to my Doctors and/or Specialists about the outcome of my case. (This is to enable your Doctor to advise you about fitness to drive).

Signature ____________________ **Date** __________

NOTE ABOUT CONSENT

On occasion as part of the investigation into your fitness to drive a hackney carriage or private hire vehicle, Eastbourne Borough Council my require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your medical background details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the assessment of your fitness to drive will be released. In addition, where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by members of the Council’s Licensing Committee. Such information would be subject to legal restrictions on confidentiality.

Applicant’s full name ____________________ **Date of birth** D D M M Y Y

Applicant's Details
to be completed in the presence of the Medical Practitioner carrying out the examination

SECTION 8

Your Name
Your Address

Date of Birth	
Home telephone No.	
Work/Daytime No.	

About your GP

GP
Address
Telephone No.

Please give name, address & speciality of any consultant you are currently under

Consultant's Name
Address
Telephone No.

Date last seen

Applicant's full name   **Date of birth** D D M M Y Y

SECTION 9

Medical Practitioner Details
to be completed by Doctor carrying out the examination

1. Has this patient been registered with you for a period of at least 2 years? **YES** ☐ **NO** ☐

2. If the answer is NO, did you have access to the patient's previous medical records/history when completing this form? **YES** ☐ **NO** ☐

If the answer to question 2 is NO, please give details of previous registered Medical Practitioner.

Name
Address

I consider that the applicant **MEETS / DOES NOT MEET*** the criteria for a Group 2 vocational driver's licence as set out in the latest editions of the DVLA publication "For Medical Practitioners – at a Glance Guild to the Current Medical Standards of Fitness to Drive" and the Medical Commission on Accident Prevention's publication "Medical Aspects of Fitness to Drive".
*please delete whichever is inapplicable

Name	**Surgery Stamp**
Address	

Signature of Medical Practitioner ______ **Date** ______

Applicant's full name ______ **Date of birth** D D M M Y Y