

MEDICAL CERTIFICATE

HACKNEY CARRIAGE AND PRIVATE HIRE VEHICLE DRIVERS

Note: - This certificate is not one which must be issued free of charge as part of the National Health Service. The Rutland County Council District Council accepts no liability to pay for any medical examinations.

Note for the Medical Practitioners: - In completing this medical certificate, medical practitioners are asked to have regard to the recommendations of the Driver and Vehicle Licensing Agency booklet 'At a glance guide to the current medical standards of fitness to drive' or to the Notes for the Guidance of Doctors conducting those examinations prepared by the British Medical Association.

The medical examination and questioning should be appropriate to confirm that the applicant's fitness to drive meets the recommendations for 'Group 2 Entitlement Drivers'.

Full name of applicant (BLOCK CAPITALS)

Address

.....

.....

Date of Birth/...../.....

Signature of the Applicant

(To be signed in the presence of the Medical Practitioner signing the Certificate)

Questions	Answers
1.(a) Has the applicant, to the best of your knowledge, ever had an epileptic attack since the age of 3 years?	1.(a)
(b) Is the applicant, to the best of your judgement, subject to: -	
(i) vertigo, or sudden attacks of disabling giddiness or fainting, or	(b)(i)
(ii) any medical ailment likely to interfere with the efficient discharge of their duties as a driver of a Hackney Carriage or Private Hire Vehicle?	(b)(ii)
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2. Has the applicant any deformity, loss of members or physical disability likely to interfere with the efficient discharge of their duties as driver of a Hackney Carriage or Private Hire Vehicle? (Special attention should be paid to the conditions of arms, legs, hands and joints)	2.

3. Does the applicant suffer from any heart or lung disorder likely to interfere with the efficient discharge of their duties as a driver of a Hackney Carriage or Private Hire Vehicle? 3.

4. Is there any serious defect of hearing? 4.

5. Does the applicant show any evidence of addiction to the excessive consumption of alcohol or drugs? 5.

6. Does the applicant appear to be suffering from any other disease or physical disability likely to interfere with the efficient discharge of their duties as a driver or to cause the driving by them of a Hackney Carriage or Private Hire Vehicle to be a source of danger to the public? 6.

7.(a) Acuity of vision (with glasses if worn) by Snellens Test Type: 7. (a) Right Eye

Left Eye

(b) Did the applicant wear their own *glasses/ contact lenses for this test? (b)

(c) Is the applicant's field of vision by hand test satisfactory? (c)

(d) Do you consider that the applicant's vision is likely to cause the driving by them of a Hackney Carriage or Private Hire Vehicle to be a source of danger to the public? (d)

Note Question 7(d) need be answered only if the acuity with glasses, if worn, is below 6/12 with one eye and 6/36 with the other eye, or if the field of vision is unsatisfactory.

*Delete as necessary

I CERTIFY that I have this day examined the applicant, who has signed this form in my presence and who in my opinion is * FIT / UNFIT to drive a Hackney Carriage or Private Hire Vehicle.

.....
Signature, etc. of Registered Medical Practitioner

Practice Stamp

Name (BLOCK LETTERS)

Address

..... Date