

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976 PART II
HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS**

**GROUP 2 MEDICAL CERTIFICATE
GUIDANCE FOR APPLICANTS AND MEDICAL PRACTITIONERS**

Rutland County Council has a public safety duty to only licence drivers who are 'fit and proper' to perform the role of a licensed driver. It is essential that licensed drivers are in good health as they are expected to carry passengers' luggage, will drive on the road for long periods, during the day and night, and may need to assist disabled passengers. The council must be satisfied that the drivers it licenses are sufficiently fit to undertake the role and tasks expected of them.

Being a licensed occupational driver is a demanding role, safe driving requires the involvement of vision, hearing, attention, concentration, perception, good reaction time, judgement, coordination, muscle power and control, etc. Therefore, various body systems need to be functional for safe driving.

To satisfy the Council as to their physical fitness to act as a licensed driver of either a Hackney Carriage or Private Hire Vehicle, applicants must meet the Group 2 medical standards defined by DVLA. These standards are higher than those required for non-occupational drivers, and apply to drivers of HGVs (Heavy Goods Vehicles) e.g., a lorry and PSV (Public Service Vehicle) e.g. a bus.

Some medical conditions prohibit a person from driving and are defined in relevant legislation such as the Road Traffic Act 1988, Motor Vehicles (Driving Licences) Regulations 1999 (as amended) etc. Some medical conditions allow the person to drive but will fail to reach the criteria required to obtain a Group 2 licence.

1. Note for the APPLICANT

Medical examinations conducted by a Registered Medical Practitioner are required:

- On the first application for a licence
- Every three years upon renewal
- On reaching the age of 65 and annually thereafter
- At any other time as may be requested by the Local Authority

The medical certificate cannot be issued free of charge as part of the National Health Service. The applicant must pay the medical practitioner's fee. The council as the licensing authority accepts no liability to pay it. If you seek a medical prior to the return of a satisfactory Disclosure and Banning Service (DBS) check, the Council will not be held responsible for the medical fees paid in the case of an aborted or refused application.

The Group 2 medical assessment must be completed by a doctor registered and licensed to practice in the UK or registered within the EU. **If your own doctor completes the medical assessment, it may speed up the application, as they already have full access to your medical records.**

You, as the applicant, have a duty to answer all questions truthfully to the best of your knowledge and belief. It is an offence to make a false statement. Where it is found that a licence has been granted based on a false statement, enforcement action will be taken which is likely to result in the revocation of the licence and possible prosecution. Where there is any doubt regarding your medical fitness, the council may share your medical information, so far as necessary to assist determination, with the council's independent medical advisor.

Applicants must arrange and book these appointments themselves and provide photographic proof of identity to the medical practitioner. Please take all medication you are currently taking with you to the appointment.

If the registered medical practitioner is unable to complete the vision assessment section of the medical, the applicant must arrange and pay for an optician or optometrist to complete this part. The medical assessment must be no older than four months at the time of submission with the relevant application.

Licensed drivers must notify the council and their medical practitioner of any deterioration in their physical or mental health which may affect their ability to drive or complete their tasks as a licensed driver. The council expects licensed drivers to be responsible and to not continue to drive following any deterioration in their health, or any health problems which could endanger the lives of the general public or themselves.

2. Notes for the MEDICAL PRACTITIONER

When completing this medical certificate, please have regard to the DVLA guidance 'Assessing fitness to drive – a guide for medical professionals' and any other guidance concerning medical conditions pertaining to Group 2 medical assessments. Applicants must as a minimum, meet the medical standards which would allow a C1 Group 2 licence to be issued.

Please ensure that you confirm the applicant's identity before you proceed with the examination. Please obtain details of the applicant's medical history when you complete the report. Please request the applicant to sign the declaration, in your presence, at the end of the examination.

Use the relevant section box provided if you want to add anything or write 'see note attached' and use a separate sheet of headed paper or stamp each extra page with your practice stamp.

You will be required to declare that *'based upon the examination findings and the information given, that you are not aware of any medical condition that precludes the named individual from holding a Group 2 licence'* **YES / NO**. The applicant must minimally meet the Group 2 C1 medical criteria. A drivers licence is usually valid for three years, but may be issued for a shorter duration if there is good reason. If, in your medical opinion, the licence should be issued for a lesser period than three years, please indicate this on the form with the recommended licence duration, including medical reasoning.

NB: All licensed drivers are required to obtain a Group 2 medical annually, when they reach 65 years old.

The following information is provided as guidance, but medical practitioners must always refer to the latest information and guidance provided by DVLA when assessing an applicant for a Group 2 medical certificate.

- **Neurological disorders** – Applicants must be free from epileptic seizures without medication for at least 10 years. Conditions which cause an increased liability to seizures, must be at no greater risk than 2% per annum at time of application.
- **Insulin Treated Diabetes** – Applicants must be able to adequately demonstrate that they meet the strict criteria for controlling and monitoring blood glucose levels defined in DVLA guidance 'Assessing fitness to drive – a guide for medical professionals' and any other guidance pertaining to Group 2 medical assessments.
- **Eyesight** – Applicants must as a minimum, meet standards required under the C1 Group 2 standards. If the registered practitioner is unable to complete the vision assessment section of the medical, the applicant must arrange and pay for an optician or optometrist to complete this part.

An applicant or licence holder failing to meet the neurological, diabetes or eyesight requirements must **not** be certified as medically fit.

In addition to those medical conditions detailed above, applicants or licence holders should **not** be certified as 'fit', if they have been diagnosed with any of the following.

- Within 3 months of a coronary artery bypass graft (CABG), angina, heart failure or cardiac arrhythmia which remains uncontrolled, or implanted cardiac defibrillator.
- Hypertension where the resting BP is consistently 180 mm/Hg systolic or more or 100 mm/Hg diastolic or more.
- A stroke, or transient ischemic attack (TIA) within the last 12 months
- Unexplained loss of consciousness with liability to recurrence
- Meniere's disease, or any other sudden and disabling dizziness or vertigo within the past year with a liability to reoccurrence.
- Major brain surgery and/or recent severe head injury with serious continuing after-effects or a likelihood of causing seizures.
- Parkinson's disease, multiple sclerosis, narcolepsy or other chronic neurological disorders with symptoms likely to affect safe driving
- Psychotic illness in the past 12 months, serious psychiatric illness, if major psychotropic or neuroleptic medication is being taken, dementia, cognitive impairment likely to affect safe driving.
- Alcohol or drug misuse in the past 1 year or alcohol or drug dependence in the past 3 years
- Any malignant condition in 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 Group 2 vehicle
- Cancer of the lung

APPLICANT'S CONSENT AND DECLARATION

Please read the notes attached to the front of this application prior to completing.

To be signed by the applicant in the presence of the Registered Medical Practitioner after the examination

Section 1 Patient / Applicant details			
Title (delete as appropriate) Mr Mrs Miss Ms Other (please state)			
Forename			
Middle name			
Surname			
Applicants address			
Date of birth		Current age	
Name and address of your usual GP			
Current licence number if an existing Rutland County Council licensed driver, include HCD for hackney carriage and PHD for private hire			
Date first licensed with Rutland County Council as a PH or HC driver			

Declaration

I declare that I have answered all questions truthfully to the best of my knowledge and belief.

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

I understand that it is a criminal offence if I make a false declaration and can lead to prosecution.

Consent

I authorise my doctor(s) and specialist(s) to release reports/medical information about my condition relevant to my fitness to drive, to Rutland County Council's Licensing Department.

I authorise Rutland County Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to the council's independent medical adviser.

Applicants Signature		Applicant must sign this box in the presence of the Medical Practitioner carrying out the examination
Details of photographic proof of identity e.g. driving licence, passport and document reference number		

Height		Details of smoking habits if any	
Weight		Number of alcohol units taken each week if any	

Section 2 can be completed by a doctor or optician / optometrist

Section 2 Vision assessment				please tick the relevant box	
Note: Applicants must as a minimum, meet the criteria required which would allow a C1 Group 2 licence to be issued					
Please state the visual acuity of each eye					
Uncorrected			Corrected - Using prescription used for driving		
Left	Right	Left	Right		
All drivers must be able to read in good light with glasses or contact lenses if worn, a car number plate from 20 meters and have eyesight (visual acuity) of 6/12 (decimal Snellen equivalent 0.5) or better. Does the applicant meet this criteria?				Yes	No
Is the visual acuity as measured by the 6 meter Snellen Chart at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and at least 6/60 (decimal Snellen equivalent 0.1) in the other eye. (Corrective glasses or lenses may be worn)				Yes	No
If corrective glasses or lenses have to be worn to achieve this standard, is it well tolerated?				Yes	No
If glasses (not contact lenses) are worn for driving, the spectacle prescription of either lens used must not be of a corrective power greater than plus 8 (+8) dioptres in any meridian. Does the applicant have less than +8 dioptres in any meridian?				Yes	No
The horizontal visual field should be at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central or peripheral)?				Yes	No
Monocular vision – Applicants who have sight in one eye only or their sight in one eye has deteriorated to a corrected acuity of less than 3/60 (decimal Snellen equivalent 0.05) cannot normally be licensed. Does the applicant have monocular vision as defined?				Yes	No
If the above answer is yes, does an exemption apply?				Yes	No
If the above answer is yes, please state the exemption applicable.					
Applicants who have uncontrolled diplopia, or double vision treated with a patch, cannot be licensed. Does the applicant have either of these conditions?				Yes	No
Does the applicant on questioning, report symptoms of intolerance to glare and/or impaired contrast sensitivity and/or impaired twilight vision that affects their ability to drive				Yes	No
Does the applicant have any other ophthalmic condition which may affect their ability to be considered fit under the Group 2 requirements?				Yes	No
If the above answer is yes, please provide further details					

Section 2 Declaration of examining doctor, optician or optometrist										
I declare that based upon the examination findings and the information given, I am not aware of any medical condition (which affects their eyesight), that precludes the named individual from holding a Group 2 licence YES / NO										
Name of examining doctor, optician or optometrist										
Signature of examining doctor, optician or optometrist										
Date (of examination and signature)										
Please provide your GOC or GMC number										
Doctor, optician or optometrist stamp										

MEDICAL EXAMINATION

Must be completed by a doctor - Please answer all questions.

Please read the notes attached to the front of this application prior to completing.

Section 3 Neurological disorders										please tick the relevant box									
Note: To be considered fit to be licensed, an applicant must be free of seizures without taking anti-epilepsy medication for 10 years																			
1	Is there a history of, or evidence of any neurological disorder? If NO , go to question 2										Yes	No							
	Has the applicant had any form of seizure(s)?										Yes	No							
	Has the applicant had more than one attack?										N/A		Yes	No					
	Please provide date of the last attack										N/A	D	D	M	M	Y	Y	Y	Y
	Is the applicant currently on anti-epileptic medication? If YES , complete section 9										Yes	No							
	If no longer treated, give date when treatment ended										N/A	D	D	M	M	Y	Y	Y	Y
	Has the applicant had a brain scan? If YES , please give details in section 8										Yes	No							
	Has the applicant had an EEG?										Yes	No							
2	Has the applicant had a stroke or TIA?										Yes	No							
	If yes , please give date. (A licence cannot be granted if it was within the last 12 months)										N/A	D	D	M	M	Y	Y	Y	Y
	Has there been a FULL recovery?										Yes	No							
	Has a carotid ultrasound been undertaken?										Yes	No							
	If Yes , was the carotid artery stenosis >50% in either carotid artery?										Yes	No							
3	Within the last year, has there been any sudden and disabling dizziness / vertigo with a liability to recur?										Yes	No							
4	Has the applicant had a subarachnoid haemorrhage?										Yes	No							
5	Has the applicant had any serious traumatic brain injury within the last 10 years?										Yes	No							
6	Has the applicant had any form of brain tumour?										Yes	No							
7	Has the applicant had any brain surgery or abnormality?										Yes	No							
8	Does the applicant have any chronic and or progressive neurological disorders?										Yes	No							
9	Does the applicant have Parkinson's disease?										Yes	No							
10	Is there a history of blackout or impaired consciousness within the last 10 years?										Yes	No							
11	Does the applicant suffer from narcolepsy?										Yes	No							

Section 4 Diabetes mellitus										Please tick the relevant box								
1	Does the applicant have diabetes mellitus? (If Yes please answer all questions below, if NO please go to section 5)										Yes	No						
	Is the diabetes managed by Insulin?										Yes	No						
	If Yes , please provide date started on insulin.										D	D	M	M	Y	Y	Y	Y
	If treated with insulin, are there at least 3 continuous months of blood glucose readings stored on a memory meter(s)? If No please give details in section 8										Yes	No						
	Is the applicant being treated with other injectable treatments?										Yes	No						
	Is treatment a Sulphonylurea or a Glinide?										Yes	No						
	Oral hypoglycaemic agents and diet?										Yes	No						
If Yes to any of the above, please include in current medication in Section 9																		
	Diet only?										Yes	No						

Section 4 Diabetes mellitus (continued)		Please tick the relevant box							
2	Does the applicant test blood glucose at least twice every day?	Yes	No						
	Does the applicant test at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours while driving)?	Yes	No						
	Does the applicant keep fast acting carbohydrate within easy reach when driving?	Yes	No						
	Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?	Yes	No						
3	Is there any evidence of impaired awareness of hypoglycaemia?	Yes	No						
4	Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? If Yes please give dates and details in section 8	Yes	No						
5	Is there evidence of loss of visual field?	Yes	No						
	Is there evidence of severe peripheral neuropathy, sufficient to impair limb function for safe driving?	Yes	No						
If Yes to the two preceding questions, please give details in Section 8									
6	Has there been laser treatment or intra-vitreous treatment for retinopathy?	Yes	No						
	If Yes , please give date(s) of treatment	D	D	M	M	Y	Y	Y	Y

Section 5 Cardiac		please tick the relevant box							
5A - Coronary artery disease									
Is there a history of, or evidence of, coronary artery disease? (If No , go to section 5B . If Yes , please answer all questions below and give details at Section 8 of the form.		Yes	No						
1	Has the applicant suffered from angina?	Yes	No						
	If Yes , please give the date of the last known attack	D	D	M	M	Y	Y	Y	Y
2	Acute coronary syndrome including myocardial infarction?	Yes	No						
	If Yes , please give the date	D	D	M	M	Y	Y	Y	Y
3	Coronary angioplasty (PCI)?	Yes	No						
	If Yes , please provide the date of most recent intervention	D	D	M	M	Y	Y	Y	Y
4	Coronary artery bypass graft surgery?	Yes	No						
	If Yes , please provide the date	D	D	M	M	Y	Y	Y	Y
5	If Yes to any of the above, are there any physical health problems (e.g. mobility/arthritis, COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT?	Yes	No						

5B – Cardiac arrhythmia									
Is there a history of, or evidence of, cardiac arrhythmia? (If No , go to Section 5C . If Yes , please answer all questions below and give details in Section 8).		Yes	No						
1	Has there been a significant disturbance of cardiac rhythm? i.e. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in the last 5 years?	Yes	No						
2	Has the arrhythmia been controlled satisfactorily for at least 3 months?	Yes	No						
3	Has an ICD or biventricular pacemaker (CRT-D type) been implanted?	Yes	No						
4	Has a pacemaker been implanted?	Yes	No						
	If Yes , please give date of implantation	D	D	M	M	Y	Y	Y	Y
	Is the applicant free of the symptoms that caused the device to be fitted?	Yes	No						
	Does the applicant attend a pacemaker clinic regularly?	Yes	No						

5C – Peripheral arterial disease (excluding Buerger’s disease) aortic aneurysm/dissection									
Is there a history of, or evidence of, peripheral arterial disease (excluding Buerger’s disease), aortic aneurysm/dissection? (If No , go to section 5D . If Yes , please answer all questions below and give details in Section 8)								Yes	No
1 Peripheral arterial disease (excluding Buerger’s disease)								Yes	No
2 Does the applicant have claudication?								Yes	No
If Yes , how long in minutes can the applicant walk at a brisk pace before being symptom-limited? Please give details.									
3 Aortic aneurysm?								Yes	No
If Yes , Site of aneurysm				Thoracic	Yes	Abdominal		Yes	
Has it been repaired successfully?								Yes	No
Is the transverse diameter currently >5.5cm?								Yes	No
If No , please provide latest measurement and date obtained		Measure	D	D	M	M	Y	Y	Y
4 Dissection of the aorta repaired successfully?								Yes	No
5 Is there a history of Marfan’s disease?								Yes	No

5D – Valvular/congenital heart disease									
Is there a history of, or evidence of, valvular/congenital heart disease? (If No , go to section 5E . If Yes , please answer all questions below.)								Yes	No
1 Is there a history of congenital heart disease?								Yes	No
2 Is there a history of heart valve disease?								Yes	No
3 Is there a history of aortic stenosis?								Yes	No
4 Is there a history of embolism? (not pulmonary embolism)								Yes	No
5 Does the applicant currently have significant symptoms?								Yes	No
6 Has there been any progression since the last licence/application. (if relevant)								Yes	No

5E – Cardiac other									
Is there a history of, or evidence of heart failure? (If No , go to section 5F . If Yes please answer all questions)								Yes	No
1 Established cardiomyopathy?								Yes	No
2 Has a left ventricular assist device (LVAD) been implanted?								Yes	No
3 A heart or heart/lung transplant?								Yes	No
4 Untreated atrial myxoma?								Yes	No

5F – Cardiac channelopathies									
Is there a history of, or evidence of either of the following conditions? (If No , go to section 5G)								Yes	No
1 Brugada syndrome?								Yes	No
2 Long QT syndrome?								Yes	No
If Yes to either, please give details in section 8									

5G – Blood pressure																			
If resting blood pressure is 180 mm/Hg systolic or more and/or 100mm Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided																			
1 Please record today's best resting blood pressure reading																			
2 Is the applicant on anti-hypertensive treatment?											Yes	No							
If Yes , please provide three previous readings with dates if available																			
D	D	M	M	Y	Y		D	D	M	M	Y	Y		D	D	M	M	Y	Y
BP reading						BP reading						BP reading							
3 Is there a history of malignant hypertension? (If Yes , please provide details in section 8)											Yes	No							

5H – Cardiac investigations																		
Have any cardiac investigations been undertaken or planned? (If No , go to section 6. If Yes , please answer all questions)											Yes	No						
1 Has a resting ECG been undertaken?											Yes	No						
If Yes , does it show: Pathological Q waves?											Yes	No						
Left bundle branch block?											Yes	No						
Right bundle branch block?											Yes	No						
2 Has an exercise ECG been undertaken or planned?											Yes	No						
If Yes , please give date and give details in section 8											D	D	M	M	Y	Y	Y	Y
3 Has an echocardiogram been undertaken or planned?											Yes	No						
If Yes , please give date and details in section 8											D	D	M	M	Y	Y	Y	Y
If undertaken, is/was the left ejection fraction greater than or equal to 40%?											Yes	No						
4 Has a coronary angiogram been undertaken or planned?											Yes	No						
If Yes , please give date and details in section 8											D	D	M	M	Y	Y	Y	Y
5 Has a 24 hour ECG tape been undertaken or planned?											Yes	No						
If Yes , please give date and details in section 8											D	D	M	M	Y	Y	Y	Y
6 Has a myocardial perfusion scan or stress echo study been undertaken or planned?											Yes	No						
If Yes , please give date and details in section 8											D	D	M	M	Y	Y	Y	Y

Section 6 Psychiatric illness											please tick the relevant box		
Is there a history of, or evidence of, psychiatric illness, drug/alcohol misuse within the last 3 years? (If No , go to section 7 . If Yes , please answer all questions below)											Yes	No	
1 Significant psychiatric disorder within the past 6 months?											Yes	No	
2 Psychosis or hypomania/mania within the past 12 months, including psychotic depression?											Yes	No	
3 Dementia or cognitive impairment?											Yes	No	
4 Persistent alcohol misuse in the past 12 months?											Yes	No	
5 Alcohol dependence in the past 3 years?											Yes	No	
6 Persistent drug misuse in the past 12 months?											Yes	No	
7 Drug dependence in the past 3 years?											Yes	No	
If Yes to any questions above, please provide full details in section 8, including dates, period of stability and where appropriate consumption and frequency of use.													

Section 7 General				please tick the relevant box									
All questions must be answered, if Yes to any, give full details in section 8													
1	Is there a history of, or evidence of, Obstructive Sleep Apnoea Syndrome or any other medical condition causing excessive sleepiness?						Yes	No					
If Yes , please give diagnosis:													
If obstructive Sleep Apnoea Syndrome, please indicate the severity				Mild (AHI<15)		Yes							
Moderate (AHI 15 – 29)	Yes	Severe (AHI >29)	Yes	Not known		Yes							
If another measurement other than AHI is used, it must be one that is recognised in clinical practice as equivalent to AHI.													
Please answer the following questions for all sleep conditions:													
Date of diagnosis						D	D	M	M	Y	Y	Y	Y
Is it controlled successfully?						Yes		No					
If yes, please state treatment													
Is the applicant compliant with treatment?						Yes		No					
Please state period of control:													
Date of last review						D	D	M	M	Y	Y	Y	Y
2	Is there currently any functional impairment that is likely to affect control of the vehicle						Yes	No					
3	Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?						Yes	No					
4	Is there any illness that may cause significant fatigue or cachexia that affects safe driving?						Yes	No					
5	Is the applicant profoundly deaf?						Yes	No					
	If Yes , is the applicant able to communicate by speech or by using a device?						Yes	No					
6	Does the applicant have a history of liver disease of any origin?(If Yes give detail in section 8)						Yes	No					
7	Is there a history of renal failure? (If Yes give details in section 8)						Yes	No					
8	Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?						Yes	No					
9	Does any medication currently taken cause the applicant side effects that could affect safe driving? (If Yes , please provide details in section 9)						Yes	No					
10	Does the applicant have any other medical condition that could affect safe driving? (If Yes give details in section 8)						Yes	No					

Section 8 Further details	
Please provide further details as indicated in prior questions here, continue on a separate sheet if necessary	

Section 9 Medication					
Please provide details of all current medication, continue on a separate sheet if necessary					
Medication		Dosage		Reason for taking	
Medication		Dosage		Reason for taking	
Medication		Dosage		Reason for taking	
Medication		Dosage		Reason for taking	

Section 10 Consultants' details	
Please list details of type of specialist(s)/consultants seen by the applicant	
Consultant in: Name: Address	Date of last appointment
Consultant in: Name: Address	Date of last appointment
Consultant in: Name: Address	Date of last appointment

Section 11 Examining doctor's signature and stamp												
To be completed by the doctor carrying out the examination. Please ensure all sections of the form have been completed. The form will be returned to you if you don't do this.												
I confirm that this report was completed by me at examination. I also confirm that I am currently GMC registered and licensed to practice in the UK or I am a doctor who is medically registered within the EU, if the report was completed outside of the UK.												
GMC registration number												
I have today examined the applicant who has signed this form in my presence and who is / is not registered as a patient at my practice												
I declare that based upon the examination findings and the information given, are you aware of any medical condition that precludes the named individual from holding a Group 2 licence YES / NO												
A driver's licence is generally issued for a maximum 3-year duration. Is there a medical reason why the licence should be issued for a lesser duration?									Yes	No		
If yes, please state the medical reason / condition												
What duration should the licence be granted for?												
Signature of medical practitioner			Date		D	D	M	M	Y	Y	Y	Y
Doctors stamp: please include examining doctors practice address, telephone number and email address.												