



Vehicle Licensing Officers, Environmental Health & Licensing Unit,  
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**HACKNEY CARRIAGE / PRIVATE HIRE MEDICAL EXAMINATION**

**Notes - (please read these notes carefully before your Medical Examination)**

1. The Medical examination must be carried out by your own GP. There will be a separate fee for this examination, which is set by the individual practice and is to be paid directly to the Medical Advisor. Please be advised that surgeries may charge a penalty for any missed appointments without the applicant giving reasonable notice. The Council accepts no liability to pay any fees in connection with the Medical Examination and there are no refunds under any circumstances.

When attending the medical examination photographic identification may be required, so please make sure that you take with you your passport, or photo card driving licence and paper part.

2. This certificate is for the confidential use of Hertsmere Borough Council as the Licensing Authority for Hackney Carriage and Private Hire Drivers. **The Applicant must complete the ‘Applicant’s Consent and Declaration’ below**, agreeing for medical information to be sent to the Council’s Licensing Officer in order that proper consideration can be given to their ‘fitness’ to drive. **Please be advised this certificate is considered as part of your Application – TO KNOWINGLY OR RECKLESSLY GIVE FALSE INFORMATION OR OTHERWISE TRY TO MISLEAD AND / OR INFLUENCE THE MEDICAL ADVISOR BY NOT DECLARING ANY KNOWN MEDICAL HISTORY OR PREVIOUS / CURRENT INCIDENCE(S) OF ILLNESS OR INJURY IS AN OFFENCE.**

3. **The Medical Advisor is referred to the ‘At A Glance Guide To The Current Medical Standards Of Fitness To Drive’, available free from the DVLA, and the Group 2 Standards contained therein**, for guidance on the assessment of an Applicant’s fitness to drive Hackney Carriage or Private Hire Vehicles. **The Medical Advisor is specifically directed to the visual acuity test and the condition / function of the Applicant’s arms, hands, legs and feet, and particularly to the joints of the upper and lower extremities.** If the GP wishes to make any other comments / observations not covered in the Form overleaf, they should do so on a separate sheet of paper. The GP who has examined the Applicant and filled out the form on the reverse is kindly asked to be good enough to forward it under plain cover and marked **Confidential** to **The Vehicle Licensing Officer, Environmental Health Unit, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.**

**Applicant’s Details Consent and Declaration**

I hereby consent to this Medical Examination and any associated medical information being released to the Licensing Officer at Hertsmere Borough Council in order that my Application for a Hackney Carriage / Private Hire Driver Licence may be properly considered. I also declare that the information I have given to the Medical Advisor is correct to the best of my knowledge and belief, and do so realising that to give false information or otherwise try to mislead the Medical Advisor by not declaring previous incidences of illness / injury is an offence.

Name and DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**To be Completed by Medical Advisor**

I certify that I have this day examined (Applicant’s name) \_\_\_\_\_, that the answers to the questions over the page are correct to the best of my knowledge and belief, and as such I consider the Applicant to be **FIT / UNFIT\*** to hold a vocational driving licence and as such to act as a Driver of Hackney Carriages or Private Hire Vehicles in the district of Hertsmere. \* - **Please delete as appropriate**

**Date First Registered with Practice** -----

**GP’s Signature and Date:** \_\_\_\_\_

**Surgery Official Stamp:**

Questions for Medical Advisor	Replies from Medical Advisor
<p><b>1.</b> Is the Applicant, to the best of your judgement, subject to diabetes, epilepsy, disabling dizziness / vertigo, loss of consciousness, or any nervous / mental / neurological disorder that might interfere with the safe and efficient performance of their duties as a Driver? <i>If YES, please explain further.</i></p>	<p><b>YES / NO</b></p>
<p><b>2.</b> Does the Applicant suffer from any heart or lung disorder that might interfere with the safe and efficient performance of their duties as a Driver?</p>	<p><b>YES / NO</b></p>
<p><b>3.</b> Are the blood-pressure readings – both systolic and diastolic – normal, having regard to the Applicant's age? <i>If not, do you consider the abnormal blood pressure might interfere with the safe and efficient performance of their duties as a Driver?</i></p>	<p><b>YES / NO</b> BP Systolic _____ Diastolic _____</p> <p><b>YES / NO</b></p>
<p><b>4.</b> Is the urine analysis satisfactory? <i>If NO, please explain.</i></p>	<p><b>YES / NO</b></p>
<p><b>5.(i)</b> Is the acuity of vision by Snellens type satisfactory<sup>1</sup>?</p> <p><b>(ii)</b> Where the readings taken with the Applicant's own glasses / contact lenses?</p> <p><b>(iii)</b> Is the Applicant's field of vision by hand test satisfactory?</p> <p><b>(iv)</b> Does the Applicant suffer from any other defect of vision that might interfere with the safe and efficient performance of their duties as a Driver?</p> <p><b>(v)</b> Do you consider the Applicant ought to wear glasses / contact lenses when driving?</p>	<p><b>(i) YES / NO</b> RE _____ LE _____ (uncorrected)</p> <p><b>(ii) YES / NO</b> RE _____ LE _____ (corrected, if applicable)</p> <p><b>(iii) YES / NO</b></p> <p><b>(iv) YES / NO</b></p> <p><b>(v) YES / NO</b></p>
<p><b>6.</b> Is the Applicant's weight normal, having regard to their height and sex? <i>If NO, do you consider the abnormal weight might interfere with the safe and efficient performance of their duties as a Driver?</i></p>	<p><b>YES / NO</b> Weight _____ Height _____</p> <p><b>YES / NO</b></p>
<p><b>7.</b> Is there any defect of hearing? <i>If YES, do you consider that it might interfere with the safe and efficient performance of their duties as a Driver?</i></p>	<p><b>YES / NO</b></p> <p><b>YES / NO</b></p>
<p><b>8.</b> Has the Applicant any deformity or loss of members? <i>If YES, do you consider that it might interfere with the safe and efficient performance of their duties as a Driver?</i></p>	<p><b>YES / NO</b></p> <p><b>YES / NO</b></p>
<p><b>9.</b> Is the Applicant, in your opinion, able to be sufficiently active for the performance of their duties as a Driver?</p>	<p><b>YES / NO</b></p>
<p><b>10.</b> Does the Applicant show evidence of being addicted to the excessive use of alcohol, tobacco or drugs?</p>	<p><b>YES / NO</b></p>
<p><b>11.</b> Is the Applicant, in your opinion, generally fit as regards <b>(i)</b> bodily health and <b>(ii)</b> temperament for the duties of a Driver?</p>	<p><b>(i) YES / NO</b></p> <p><b>(ii) YES / NO</b></p>
<p><b>12.</b> Are there any other abnormalities evident that are not included in the above questions, or do you wish to make any additional comments or remarks? <i>If YES, please continue on a separate sheet of paper.</i></p>	<p><b>YES / NO</b></p>
<p>Do you consider further examination necessary in a period lesser than that stated in Council Policy<sup>2</sup> for the Applicant's age? <i>If YES, when would you recommend the next Medical Examination be? (please give a date)</i></p>	<p><b>YES / NO</b></p>

April 2009

<sup>1</sup> Applicants to be able to reach a **minimum uncorrected visual acuity of at least 6/60 in each eye** separately and, if wearing glasses or contact lenses, a **corrected vision of at least 6/9 6/12**.

<sup>2</sup> Applicants will normally be required to have a Medical Examination at the following intervals:- Applicants **up to 65 years** old, every **5 years**; Applicants **over 65 years** old, every **2 years**; unless GP requires an examination to be carried out at a lesser period than this.