

MEDICAL EXAMINATION REPORT FOR DUAL DRIVER LICENCE

TO DRIVE HACKNEY CARRIAGE AND PRIVATE HIRE VEHICLES

When completed, please return this form with your application to:

**Wyre Council
Licensing Team
Room 125
Civic Centre,
Breck Road,
Poulton-le-Fylde,
Lancashire,
FY6 7PU**

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GROUP II MEDICAL EXAMINATION REPORT FORM INFORMATION NOTES

It is a requirement under Section 57 of the Local Government (Miscellaneous Provisions) Act, 1976, to provide a Medical Examination Report to the effect that you are physically fit to hold a Dual Driver Licence and is for the confidential use of the Licensing Authority.

This form is to be completed by the applicant's own General Practitioner (GP) or another GP that can confirm they have had full access to the applicant's medical records.

You are required to complete a further Group II Medical Report Form for every Driving Licence renewal (every 3 years) until the age of 65. From the age of 65, a Group II Medical Report Form is required annually.

Any fees charged are payable by the applicant.

- PLEASE USE THIS FORM TO RECORD MEDICAL EXAMINATION DETAILS
 - PLEASE COMPLETE IN BLOCK CAPITAL LETTERS IN BLACK INK
- Licensing Officers are not permitted to complete or amend forms on behalf of applicants for legal reasons.

NOTE:

Any existing dual driver licence holder must immediately inform the Council in writing of any deterioration in health or of any injury that would affect their ability to drive. (This is in addition to the requirement of Section 94 of the Road Traffic Act 1988 requiring any driver to notify the Secretary of State of any relevant disability)

IN ACCORDANCE WITH PARAGRAPH 6.6 OF DEPARTMENT FOR TRANSPORT BEST PRACTICE GUIDANCE (NOVEMBER 2023) IT IS FOR THE LICENSING AUTHORITY TO DETERMINE AN APPLICANTS MEDICAL FITNESS

GUIDANCE NOTES

What you have to do:

1. **Before** consulting your GP you may find it helpful to consult the DVLA's "At a Glance" booklet. This is available for download at the 'medical rules for all drivers' Section of [Assessing fitness to drive: a guide for medical professionals - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals)
2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your GP/Optician **before** you arrange for this medical form to be completed as your GP will normally charge you for completing it. In the event of your application being refused, the fee you pay your GP is **not** refundable. Wyre Council has no responsibility for medical fees.
3. Application forms must be submitted together with the Group II Medical Report Form otherwise there may be delays in processing your application.

What the GP has to do:

1. Please arrange for the patient to be seen and examined having access and regard for their medical records.
2. Please complete Sections 1- 9 and 11 of this report and be familiar with the DVLA document "Assessing fitness to drive", www.gov.uk/dvla/fitness-to-drive and have specific regard to Group 2 licensing standards.
3. Applicants who may be asymptomatic at the time of the examination are to be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold a Dual Driver Licence they must immediately inform the Licensing Team at Wyre Council. Please record any advice given at Section 9.
4. Please ensure that you have completed all Sections within this form. If this report does not bring out important clinical details which may affect the applicant's fitness to drive, please give details in Section 9.
5. Please also use Section 9 to list additional medications not already covered within Section 8 so they can be considered against Group 2 licensing standards.

**MEDICAL EXAMINATION REPORT
FOR A DUAL DRIVER LICENCE
TO DRIVE HACKNEY CARRIAGE AND PRIVATE HIRE VEHICLES**

Vision assessment

To be filled in by an optician, optometrist or doctor

1. Please confirm (✓) the scale you are using to express the applicant's visual acuities.

Snellen Snellen expressed as a decimal LogMAR

2. The visual acuity standard for Group 2 driving is at least 6/7.5 in one eye and at least 6/60 in the other.

- (a) Please provide uncorrected visual acuities for each eye. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R L Yes No

- (b) Are corrective lenses worn for driving? ☐ ☐

If no, go to Q3.

If yes, please provide the visual acuities using the correction worn for driving. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician.

R L

- (c) What kind of corrective lenses are worn to meet this standard?

Glasses ☐ Contact lenses ☐ Both together ☐

- (d) If glasses are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens? Yes ☐ No ☐

- (e) If correction is worn for driving, is it well tolerated? Yes ☐ No ☐

If no, please give full details in Q8.

3. Is there a known visual field defect? ☐ Yes ☐ No

4. Are there any medical conditions which might result in a visual field defect? Yes ☐ No ☐

- | | | |
|--|--------------------------|--------------------------|
| (a) If yes, has a visual field defect been excluded? | Yes | No |
| | ☐ | ☐ |

- (b) Please provide the condition:

--

If formal visual field testing is considered necessary, DVLA will commission this at a later date.

5. Is there diplopia? Yes ☐ No ☐

- (a) Is it controlled? Yes ☐ No ☐

Please indicate below and give full details in Q8.

Patch or glasses with frosted glass	Glasses with/without prism	Other (if other please provide details)
☐	☐	☐

6. Does the applicant report symptoms of any of the following that impairs their ability to drive?

Please indicate below and give full details in Q8 below.

- (a) Intolerance to glare (causing incapacity rather than discomfort) and/or ☐
- (b) Impaired contrast sensitivity and/or ☐
- (c) Impaired twilight vision ☐

7. Does the applicant have any other ophthalmic condition affecting their visual acuity or visual field?
- Yes ☐ No ☐

If yes, please give full details in Q8 below.

- ## 8. Details or additional information

--

Name of examining doctor, optician or optometrist undertaking vision assessment

[illegible]

I confirm that this report was filled in by me at examination and the applicant's history has been taken into consideration.

Signature of examining doctor, optician or optometrist

--

Date of signature

D	D	M	M	Y	Y
---	---	---	---	---	---

Please provide your GOC or GMC number

[illegible]

Doctor, optometrist or optician's stamp

--

Medical assessment

Must be filled in by a doctor

1 Neurological disorders

Please tick ✓ the appropriate boxes

Does the applicant have a history or evidence of any neurological disorder (see conditions in questions 1 to 11 below)?

Yes No

☐ ☐

If no, go to section 2, Diabetes mellitus

If yes, please answer all questions below.

1. Has the applicant had any form of seizure?

Yes No

☐ ☐

(a) Has the applicant had more than one seizure episode?

☐ ☐

(b) Please give date of first and last episode.

First episode

Last episode

(c) Is the applicant currently on anti-seizure medication?

☐ ☐

(d) If no longer treated, when did treatment end?

(e) Has the applicant had a brain scan?

Yes No

☐ ☐

If yes, please give details in section 9, page 6.

2. Has the applicant experienced any dissociative/functional seizures?

Yes No

☐ ☐

(a) If yes, please give date of most recent episode.

(b) If yes, have any of these episode(s) occurred or are they considered likely to occur whilst driving?

☐ ☐

3. Stroke or TIA?

Yes No

☐ ☐

If yes, give date.

(a) Has there been a full recovery?

☐ ☐

(b) Has a carotid ultrasound been undertaken?

☐ ☐

(c) If yes, was the carotid artery stenosis >50% in either carotid artery?

☐ ☐

(d) Is there a history of multiple strokes/TIAs?

☐ ☐

4. Sudden and disabling dizziness or vertigo within the last year with a liability to recur?

☐ ☐

5. Subarachnoid haemorrhage (non-traumatic)?

☐ ☐

6. Significant head injury within the last 10 years?

☐ ☐

7. Any form of brain tumour?

☐ ☐

8. Other intracranial pathology?

☐ ☐

9. Chronic neurological disorder(s)?

☐ ☐

10. Parkinson's disease?

☐ ☐

11. Blackout, impaired consciousness or loss of awareness within the last 5 years?

☐ ☐

2 Diabetes mellitus

Does the applicant have diabetes mellitus?

Yes No

☐ ☐

If no, go to section 3, Cardiac

If yes, please answer all questions below.

1. Is the diabetes treated by:

Yes No

☐ ☐

(a) Insulin?

If no, go to 1c

If yes, please give date

started on insulin.

(b) Are there at least 4 continuous weeks of glucose readings stored on a memory meter or meters?

☐ ☐

If no, please give details in section 9, page 6.

(c) Other injectable treatments?

☐ ☐

(d) A Sulphonylurea or a Glinide?

☐ ☐

(e) Oral hypoglycaemic agents and diet?

☐ ☐

(f) Diet only?

☐ ☐

2. (a) Does the applicant test glucose at least twice every day?

Yes No

☐ ☐

(b) Does the applicant test glucose at times relevant to driving? (Within 2 hours of starting their first journey of the day and continuing to check at least every 2 hours during their journey. There must be no more than 2 hours between glucose checks at any time during their journey).

☐ ☐

(c) Does the applicant keep fast-acting carbohydrate within easy reach whilst driving?

☐ ☐

(d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?

☐ ☐

3. (a) Has the applicant ever had a hypoglycaemic episode?

Yes No

☐ ☐

(b) Is there full awareness of hypoglycaemia?

☐ ☐

4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?

Yes No

☐ ☐

If yes, please give details and dates below.

5. Has there been laser treatment or intra-vitreous treatment for retinopathy?

Yes No

☐ ☐

If yes, please give most recent date of treatment.

Applicant's full name

Date of birth

3 Cardiac

a Coronary artery disease

Is there a history or evidence of coronary artery disease? Yes No
☐ ☐

If no, go to section 3b, Cardiac arrhythmia

If yes, please answer all questions below.

1. Has the applicant ever had an episode of angina? Yes No
☐ ☐

If yes, please give the date of the last known attack.

2. Acute coronary syndrome including myocardial infarction? Yes No
☐ ☐

If yes, please give date.

3. Coronary angioplasty (PCI)? Yes No
☐ ☐

If yes, please give date of most recent intervention.

4. Coronary artery bypass graft surgery? Yes No
☐ ☐

If yes, please give date.

5. If yes to any of the above, are there any physical health problems or disabilities (e.g. mobility, arthritis or COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT? Please give details below. Yes No
☐ ☐

b Cardiac arrhythmia

Is there a history or evidence of cardiac arrhythmia? Yes No
☐ ☐

If no, go to section 3c, Peripheral arterial disease

If yes, please answer all questions below.

1. Has there been a significant disturbance of cardiac rhythm causing/likely to cause incapacity 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 (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/ cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted? Yes No
☐ ☐

4. Has a pacemaker or a biventricular pacemaker/ cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted? Yes No
☐ ☐

If yes:

(a) Please give date of implantation.

(b) Is the applicant free of the symptoms that caused the device to be fitted? ☐ ☐

(c) Does the applicant attend a pacemaker clinic regularly? ☐ ☐

c Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

Is there a history or evidence of peripheral arterial disease (excluding Buerger's disease), aortic aneurysm or dissection? Yes No
☐ ☐

If no, go to section 3d, Valvular/congenital heart disease

If yes, please answer all questions below.

1. Peripheral arterial disease? (excluding Buerger's disease) Yes No
☐ ☐

2. Does the applicant have claudication? Yes No
☐ ☐

If yes, would the applicant be able to undertake 9 minutes of the standard Bruce Protocol ETT? ☐ ☐

3. Aortic aneurysm? Yes No
☐ ☐

If yes:

(a) Site of aneurysm: Thoracic ☐ Abdominal ☐

(b) Has it been repaired successfully? ☐ ☐

(c) Please provide latest transverse aortic diameter measurement and date obtained using measurement and date boxes.

cm

4. (a) Dissection of aorta? Yes No
☐ ☐

(b) If yes, has the dissection been successfully repaired? ☐ ☐

If yes to 4a, please provide copies of all reports including those dealing with any surgical treatment.

5. Is there a history of Marfan's disease? Yes No
☐ ☐

(a) If yes, are there any associated risk factors*?

*risk factors include –

- family history of aortic dissection
- greater than 3mm per year increase than aneurysm diameter
- pregnancy

d Valvular/congenital heart disease

Is there a history or evidence of valvular or congenital heart disease? Yes No
☐ ☐

If no, go to section 3e, Cardiac other

If yes, please answer all questions below.

1. Is there a history of congenital heart disease? Yes No
☐ ☐

2. Is there a history of heart valve disease? Yes No
☐ ☐

(a) If yes, are they symptomatic? ☐ ☐

3. Is there a history of aortic stenosis? Yes No
☐ ☐

If yes, please provide relevant reports (including echocardiogram).

4. Has there been any progression (either clinically or on scans etc) since the last licence application? Yes No
☐ ☐

Applicant's full name

Date of birth

e Cardiac other	
Is there a history or evidence of heart failure?	Yes ☐ No ☐
If no, go to section 3f, Cardiac channelopathies	
If yes, please answer all questions below.	
1. Please provide the NYHA class, if known.	
2. Established cardiomyopathy?	Yes ☐ No ☐
If yes, please give details in section 9, page 6.	
3. Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted?	Yes ☐ No ☐
4. A heart or heart/lung transplant?	Yes ☐ No ☐
5. Evidence or history of pulmonary arterial hypertension?	Yes ☐ No ☐
f Cardiac channelopathies	
Is there a history or evidence of the following conditions?	Yes ☐ No ☐
If no, go to section 3g, Blood pressure	
1. Brugada syndrome?	Yes ☐ No ☐
2. Long QT syndrome?	Yes ☐ No ☐
If yes to either, please give details in section 9, page 6.	
g Blood pressure	
All questions must be answered.	
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.	
/	
/	
/	
h Cardiac investigations	
Have any cardiac investigations been undertaken or planned?	Yes ☐ No ☐
If no, go to section 4, Psychiatric illness	
If yes, please answer questions 1 to 5.	
1. Is there a history of the following:	Yes ☐ No ☐
(a) left bundle branch block (LBBB)?	☐
(b) right bundle branch block (RBBB)?	☐
(c) paced rhythm?	☐
If yes to (a), (b) or (c), please give details in section 9, page 6.	
Note: If yes to questions 2 to 5, please give dates in the boxes provided, give details in section 9, page 6.	
2. Has an exercise ECG been undertaken (or planned)?	Yes ☐ No ☐
4 Psychiatric illness	
Is there any significant mental illness or cognitive impairment likely to affect safe driving?	Yes ☐ No ☐
If no, go to section 5, Substance misuse	
If yes, please answer all questions below.	
1. Significant psychiatric disorder within the past 6 months? If yes, please confirm condition.	Yes ☐ No ☐
2. Psychosis or hypomania/mania within the past 12 months, including psychotic depression?	Yes ☐ No ☐
3. (a) Dementia or cognitive impairment?	Yes ☐ No ☐
(b) Are there concerns which have resulted in ongoing investigations for such possible diagnoses?	☐
5 Substance misuse	
Is there a history of drug/alcohol misuse or dependence?	Yes ☐ No ☐
If no, go to section 6, Sleep disorders	
If yes, please answer all questions below.	
1. Is there a history of an alcohol use disorder (sufficient to cause significant physical, mental or social consequences) in the past 10 years?	Yes ☐ No ☐
2. If there is a history of an alcohol use disorder, has this been associated with any of the following features which indicate a physiological dependence on alcohol:	Yes ☐ No ☐
(a) Required medical assisted withdrawal?	☐
Date treatment ended:	
(b) Alcohol withdrawal seizure?	☐
Date of last event:	
3. Based on their clinical record and/or account of drinking provided to you, is their alcohol consumption:	Yes ☐ No ☐ Don't know ☐
(a) Abstinent?	Yes ☐ No ☐ Don't know ☐
If yes, for how long:	
(b) Controlled?	Yes ☐ No ☐ Don't know ☐
If yes, for how long:	
4. Use of illegal drugs or other substances, or misuse of prescription medication in the last 6 years?	Yes ☐ No ☐
(a) If yes, the type of substance misused?	
(b) Is it controlled?	☐
(c) Has the applicant undertaken an opiate treatment programme?	☐
If yes, give date started	
Applicant's full name	
Date of birth	

6 Sleep disorders

- | |
|--|
| |
|--|

- (iv) Date of last review.

D	D	M	M	Y	Y
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7 Other medical conditions

- If yes, please give details in section 9, page 6.

8 Medication

- ## 9 Further details

9 Further details (continued)

10. Applicant's consent and declaration

Consent and Declaration

This section MUST be completed and must NOT be altered in any way.
Please read the following important information carefully then sign the statements below.

Important information about Consent

I accept that as part of the investigation into my fitness to drive, Wyre Council may require me to undergo further medical examination or some form of practical assessment. In these circumstances, those personnel involved will require my background medical details to undertake an appropriate and adequate assessment. Such personnel might include doctors, specialist consultants, orthoptists at eye clinics or paramedical staff at a driving assessment centre.

Only information relevant to the assessment of my fitness to drive will be released. In addition, where the circumstances of my case appear exceptional, the relevant medical information may need to be further considered, where such further examination /consideration attracts a cost this will be met by me the applicant, (you will be advised of any further costs as appropriate to determine your application) and where matters of a medical nature exist the application may then be determined by the Council's Licensing Committee.

I authorise my Doctor(s) and Specialist(s) to release report/medical information about my condition, relevant to my fitness to drive, to Wyre Council's medical adviser.

I authorise Wyre Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to hold a Dual Drivers Licence, to doctors, paramedical, DVLA and to inform my doctor(s) of the outcome of the case where appropriate.

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.

During the period of application and any period when holding a Dual Drivers Licence, I will immediately inform Wyre Council in writing of any deterioration in health or of any injury or condition that would affect my ability to drive. (This is in addition to the requirement of Section 94 of the Road Traffic Act 1988 requiring any driver to notify the Secretary of State of any relevant disability.)

"I understand that it is a criminal offence if I make a false declaration to obtain a Dual Drivers Licence and can lead to prosecution."

Signature:

Date:

11. Doctors Details			
Name(s)		Surgery Stamp:	
Address			
I certify that I am named applicant's General Practitioner / a member of that practice / or have had full access to the applicant NHS records at the time of the examination. I certify that I have reviewed all the applicant's medical history and have today examined the named applicant. I declare that the answers to all questions are true to the best of my knowledge and belief. I have also referred to the Group 2 licensing criteria in the document 'Assessing Fitness to Drive' and in my opinion the applicant is FIT ☐ UN-FIT ☐ to act as a hackney carriage / private hire driver in the Wyre area. I understand that it is an offence for a person completing this form to make a false statement or omit relevant details.			
I can confirm:			
I have had access to and checked their full medical history.			
Signature of Medical Practitioner		Date:	
Print name of Medical Practitioner		GP Registered Number	