

Medical examination section (to be completed by qualified Medical Advisor)

The Medical Advisor is referred to the 'At a glance guide to the current medical standards of fitness to drive' 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. This document can be downloaded online from: <https://www.gov.uk/government/publications/at-a-glance>

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.

1. Is the applicant, to the best of your judgement, subject to:
- Diabetes Yes No
 - Epilepsy Yes No
 - Disabling dizziness/vertigo Yes No
 - Loss of consciousness Yes No
 - Any nervous/mental neurological disorder that might interfere with the safe and efficient performance of their duties as a driver? Yes No

If answer is 'yes' to any of the above, please explain further on a separate sheet of paper.

2. 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? Yes No

3. Are the blood pressure readings (systolic and diastolic) normal, having regard to the applicant's age? Yes No

BP Systolic:

Diastolic:

If the answer is no, do you consider the abnormal blood pressure might interfere with the safe and efficient performance of their duties as a driver? Yes No

4. Is the urine analysis satisfactory? Yes No

If the answer is 'no', please explain on a separate sheet of paper.

5. Is the acuity of vision by Snellens type satisfactory?* Yes No

RE:

LE:

(uncorrected)

Were the readings taken with the applicant's own glasses/contact lenses? Yes No

RE:

LE:

(corrected if applicable)

* Applicant to be able to reach a minimum uncorrected visual acuity of at least 3/60 in each eye separately and if wearing glasses or contacts lenses, a correct vision of at least 6/9 6/12

6. Is the applicant's field of vision by hand test satisfactory? Yes No

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? Yes No

7. Is the applicant's weight normal, having regard to their height and sex? Yes No

Weight (kg):

Height (m):

<p>If the answer is 'no', do you consider the abnormal weight might interfere with the safe and efficient performance of their duties as a driver?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Is there any defect of hearing?</p> <p>If the answer is 'yes', do you consider that it might interfere with the safe and efficient performance of their duties as a driver?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Has the applicant any deformity or loss of members?</p> <p>If the answer is 'yes', do you consider that it might interfere with the safe and efficient performance of the duties as a Driver?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. Is the applicant, in your opinion, sufficiently active to perform the duties of a Driver?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Does the applicant show evidence of being addicted to the excessive use of alcohol, tobacco or drugs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Is the applicant, in your opinion, generally fit as regards:</p> <ul style="list-style-type: none"> • Bodily health • Temperament for the duties of a driver 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. 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?</p> <p>If the answer is 'yes', please explain on a separate sheet of paper.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Do you consider further examination necessary</p> <p>If the answer is 'yes', when would you recommend the next medical examination take place?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 100px;"></div>
<p>I certify that I have examined: (Name of applicant)</p> <p>I consider the applicant to be: <input type="checkbox"/> Fit <input type="checkbox"/> Unfit</p> <p>Signed: </p> <p>Dated: </p> <p style="text-align: center;">Please insert practice stamp below:</p> <div style="border: 1px solid black; width: 250px; height: 100px; margin: 20px auto;"></div>	