HACKNEY CARRIAGE/PRIVATE HIRE DRIVER'S LICENCE MEDICAL QUESTIONNAIRE

IMPORTANT NOTE FOR MEDICAL PRACTITIONERS:

1) THIS QUESTIONNAIRE MUST BE COMPLETED BY THE APPLICANTS OWN GP WHERE THEY ARE REGISTERED OR ANOTHER GP AT THE SAME PRACTICE AND MUST BE A REGISTERED AND LICENSED GP.

2) THIS MEDICAL QUESTIONNAIRE SHOULD BE COMPLETED IN ACCORDANCE WITH GROUP 2 ENTITLEMENT CONTAINED IN THE DOCUMENT ‘MEDICAL ASPECTS OF FITNESS TO DRIVE’ ISSUED BY THE DRIVERS MEDICAL GROUP, DVLA. (SEE BOTTOM OF PAGE 2 FOR MORE INFORMATION)

Full Name of Applicant ____________________________________________________________

Full Address _________________________________________________________________

Date of Birth ___________________________________________________________________

IF YOU ANSWER YES TO ANY QUESTION 1 TO 10, THEN PLEASE PROVIDE ADDITIONAL INFORMATION IN THE COMMENTS BOX OVERLEAF

1. Has the applicant to your knowledge suffered any fit, convulsion or similar epileptic form of attack since the age of five years? YES/NO

2. Has the applicant any history of blackouts? If yes, please give brief details in the comments box overleaf. YES/NO

3. Has the applicant suffered from any of the following conditions in the last five years? (If yes, please give brief details overleaf.)

(a) Diabetes YES/NO
(b) Asthma YES/NO
(c) Cardiovascular Disease YES/NO
(d) Hypertension YES/NO
(e) Central Nervous System Disorder YES/NO
(f) Migraine YES/NO

4. Has the applicant suffered from any defect of balance including fainting, dizzy spells, vertigo, Mienier's Disease or other condition likely to effect cerebellar function? YES/NO

5. Has the applicant a history of psychiatric illness which might be likely to affect their ability to cope with physiological stress of driving professionally? YES/NO

6. Does the applicant suffer from defective eyesight or hearing which would in any way impair their ability to drive professionally? YES/NO

7. Has the applicant any deformity, loss of limb or physical disability likely to interfere with the efficient discharge of their duties as a driver of a Hackney Carriage or Private Hire Vehicle? (Special attention should be paid to the condition of the hands, arms, feet, legs and joints.) YES/NO
8. Does the applicant show any addiction to the excessive consumption of alcohol or drugs?  
   YES/NO

9. Do you consider that the applicant is medically fit to drive a Hackney Carriage or Private Hire Vehicle? If not, please give details.  
   YES/NO

10. Would you please confirm that the above named applicant is registered with your Practice.  
    YES/NO

11. How long has the above named applicant been registered with your Practice?

Comments

TO BE COMPLETED BY GP ONLY.

I confirm that I have completed this medical in accordance with The 'Medical Standards Of Fitness to Drive' see: http://www.dvla.gov.uk/medical.

Signature:  
Practice Stamp:  
Date:

GP NAME:  
(block capitals):  

GMC Reference Number:  

The information contained in this questionnaire will remain strictly confidential to the Head Of Environmental & Consumer Services, Luton Borough Council.

Licensing Service  
Environmental and Consumer Services.  
Town Hall  
Luton LU1 2BQ  
Tel: (01582) 546040