



**(CONFIDENTIAL - for the use of the Licensing Authority only)**  
**GROUP II MEDICAL EXAMINATION REPORT FORM**  
(must be completed by a Registered Medical Practitioner)

NAME OF APPLICANT	(a) Forenames:  (b) Surname:
ADDRESS:	
DATE OF BIRTH	AGE
<p><b>INFORMATION NOTES</b></p> <p>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 drive a Hackney Carriage, Private Hire or School Transport vehicle.</p> <p>This form is to be completed by the applicant's own General Practitioner (GP) or a registered medical practioner</p> <p>Upon reaching the age of 45 a Group II Medical Report Form is required every 5 years until the age of 65. From the age of 65, each renewal must be accompanied by a Group II Medical Report Form. Any fee charged is payable by the applicant.</p> <ul style="list-style-type: none"> <li>• PLEASE USE THIS FORM TO RECORD MEDICAL EXAMINATION DETAILS</li> <li>• PLEASE COMPLETE IN BLOCK CAPITAL LETTERS IN BLACK INK</li> </ul> <p>Licensing Officers are not permitted to complete or amend forms on behalf of applicants for legal reasons.</p> <p>The Taxi and Private Hire Licensing Section is committed to an accessible public transport system in which all members of society have the same opportunity to travel.</p> <p>Taxis, Private Hire and School Transport vehicles are a vital link in the transport chain and it is important that people who use them have confidence that drivers will accept them and transport them in safety and reasonable comfort, providing assistance as may be reasonably required.</p>	

## Guidance Notes

### What you have to do:

1. **Before** consulting your GP please read the notes 'Medical standards for drivers of passenger carrying vehicles', below
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 **non-refundable**. Ryedale District Council has no responsibility for the fee payable to your GP
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. Arrange for the patient to be seen and examined
2. 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 [www.directgov.uk/motoring](http://www.directgov.uk/motoring)
3. Applicants who may be asymptomatic at the time of the examination should be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold either a Hackney Carriage, Private Hire or School Transport driver licence they must inform the Taxi Licensing Section at Ryedale House, Malton
4. Please ensure that you have completed all Sections within this form. If this report does not bring out important clinical details with respect to driving, please give details in Section 7

### Medical standards for drivers of passenger carrying vehicles:

Medical standards for drivers of passenger carrying vehicles are higher than those required for car drivers. The following conditions are likely to be a bar to the holding of a Hackney Carriage, Private Hire and/or School Transport driver licence:

#### 1. Epileptic Attack

Applicants must have been free of epileptic seizures for at least the last ten years and have not taken anti epileptic medication during this ten year period. The Taxi Licensing Section is likely to refuse or revoke the licence if these conditions cannot be met.

#### 2. Diabetes

Insulin treated diabetics licensed before 1 April 1991 are dealt with individually and licensing is subject to satisfactory annual consultant medical certification and to the proviso that they are not suffering from any other relevant disabilities. Since 1 April 1991 diabetic patients on insulin are barred from first applying for a passenger carrying vehicle driving licence and from renewing thereafter unless they can meet the criteria of Appendix C1. This has now been amended since 15<sup>th</sup> November 2011 so that anyone can apply along as:

- No episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months
- Has full awareness of hypoglycaemia

- Regularly monitors blood glucose at least twice daily and at times relevant to driving using a glucose meter with a memory function to measure and record blood glucose levels. At the annual examination by an independent Consultant Diabetologist, 3 months of blood glucose readings must be available.
- Must demonstrate an understanding of the risks of hypoglycaemia

There are no other debarring complications of diabetes such as a visual field defect.

### **3. Eyesight**

All applicants must be able to read in good daylight a number plate at 20.5 metres (67 feet) and if glasses or corrective lenses are required to do so, these must be worn while driving. In addition applicants must have:

- A visual acuity of at least 6/9 in the better eye
- A visual acuity of at least 6/12 in the worse eye
- If these are achieved by correction the uncorrected visual acuity in each eye must be no less than 3/60

Applicants are also barred from holding a licence if they have:

- Uncontrolled diplopia (double vision)
- Or do not have a normal binocular field of vision

### **4. Other medical conditions**

In addition applicants and renewals are likely to be refused if they are unable to meet the national recommended guidelines in the following cases:

- within three months of myocardial infarction, any episode of unstable angina, CABG or coronary angioplasty
- a significant disturbance of cardiac rhythm occurring within the past five years unless special criteria are met
- suffering from or receiving medication for angina or heart failure
- hypertension where the BP is persistently 180 systolic or over or 100 diastolic or over
- a stroke or TIA within the last twelve months
- unexplained loss of consciousness within the past five years
- Menieres and other conditions causing disabling vertigo, within the past twelve months and with a liability to recurrence
- recent severe head injury with serious continuing after effects or major brain surgery
- Parkinson's disease, multiple sclerosis or other "chronic" neurological disorders likely to affect limb power and co-ordination
- suffering from a psychotic illness in the past three years or suffering from dementia
- alcohol dependency or misuse or persistent drug or substance misuse or dependency in the past three years
- insuperable difficulty in communicating by telephone in an emergency
- any other serious medical condition which may cause problems for road safety when driving a passenger carrying vehicle
- if major psychotropic or neuroleptic medication is being taken
- any malignant condition within the last two years likely to metastasise to the brain



ECG/Exercise test	Yes/No
Echo	Yes/No
If yes, what were the results?	
3. Is there a history of psychiatric illness	
4. Is there a history of diabetes - if so give details of treatment and control/complications.	
5. Is the applicant taking any prescribed medication?	
6. What is the applicant's weekly consumption of alcohol?  Does the applicant smoke? If so, how much per day?  Does the applicant use any non-prescribed drugs?  If yes, please list	Units/wk.....  DAY.....  Yes/No
7. Is there any abnormality that is not included in the above questions?	
8. (a) Is examination of heart and lungs normal?  (b) What is the blood pressure?  Repeat at the end of examination if considered raised and record the second reading here.	Systolic..... Diastolic.....  Systolic..... Diastolic.....
9. (a) Is there a defect of vision? If so please give details (see Note 2)  (b) If the reply to (a) is in the affirmative, give acuity of vision by Snellens Test type with and without glasses and answer the following:	(a)  (b) RE _____ LE _____ Without glasses (c) RE _____ LE _____ With glasses (if applicable)
(i) Was the test conducted with the	(i)

<p>applicant's own glasses, or</p> <p>(ii) Have suitable glasses been prescribed?</p> <p>(iii) Do you consider that the applicant should wear glasses when driving?</p> <p>(iv) Is the applicant's field of vision by hand test satisfactory?</p> <p>(v) Is the colour vision normal?</p> <p>(vi) Does the applicant suffer from a squint or any other visual defect which could affect his/her fitness to drive a motor vehicle?</p> <p>(vii) Could any visual defect observed be sufficiently corrected to make the applicant fit to drive a motor vehicle?</p>	<p>(ii)</p> <p>(iii)</p> <p>(iv)</p> <p>(v)</p> <p>(vi)</p> <p>(vii)</p>
<p>10. Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the applicant's duties as a Hackney Carriage, Private Hire or School Transport vehicle driver?</p>	
<p>11. Has the applicant any deformity or loss of limb? If so, could it interfere with the efficient performance of his/her duties as a Hackney Carriage, Private Hire or School Transport vehicle driver?</p> <p>Reflexes and Plantar response</p>	
<p>12. Is the urine examination normal?</p>	
<p>13. Is the applicant sufficiently active for the performance of his/her duties?</p>	
<p>14. Is the applicant in your opinion generally fit for the duties of a Hackney Carriage, Private Hire or School Transport vehicle driver as regards:</p> <p>(a) bodily health</p>	

(b) temperament	
15. Has the examination revealed any disorder or defect which might interfere with the efficient performance of his/her duties as a Hackney Carriage, /Private Hire or /School Transport vehicle driver?	
16. Are the blood pressure readings – both systolic and Diastolic – normal, having regard to the applicant's age? If not, do you consider that the abnormal blood pressure would be likely to affect his/her competence as a Hackney Carriage, Private Hire or /School Transport hire vehicle?	
17. Do you consider further examination or investigations necessary?  If so, in what period of time?	

CERTIFICATE

I hereby certify that I have today examined the above-named Applicant and that, to the best of my knowledge and belief, the answers to the foregoing questions are true and correct.

In my judgement, this Applicant is FIT/ UNFIT (please circle) to act as the driver of a Hackney Carriage/Private Hire/School Transport Vehicle.

SIGNED \_\_\_\_\_

Date \_\_\_\_\_

QUALIFICATION OR OFFICIAL STAMP \_\_\_\_\_

This Medical Report should be sent to:

The Taxi licensing Officer  
 Ryedale District Council  
 Ryedale House  
 Old Malton Road  
 MALTON  
 YO17 7HH