



**MANSFIELD DISTRICT COUNCIL**

**Local Government (Miscellaneous Provisions) Act 1976**

**Self-Medical Certificate for a Hackney Carriage/Private Hire Vehicle Driver's Licence**

1	<b>Medication</b>		
	Are you receiving any prescribed medication or treatment?	YES	NO
	Are you undergoing any tests for any ailment or condition?	YES	NO

2	<b>Vision</b>		
	Do you wear spectacles or contact lenses for driving?	YES	NO
	Do you have any other visual disorder? (such as glaucoma)	YES	NO

3	<b>Brain and nervous system</b>		
	Have you ever suffered from or been treated for the following condition(s)?		
	Epilepsy	YES	NO
	Sudden & disabling dizziness/vertigo	YES	NO
	Stroke or TIA (Transient ischaemic attack)	YES	NO
	A serious head injury	YES	NO
	Brain surgery	YES	NO
	Chronic Neurological Disorder e.g. Parkinson's ,Multiple Sclerosis	YES	NO

4	<b>Diabetes Mellitus ("Sugar Diabetes")</b>		
	Do you have diabetes? If so, is it treated with:	YES	NO
	Diet alone <input type="checkbox"/>		
	Diet and tablets <input type="checkbox"/>		
	Insulin injections <input type="checkbox"/>		

5	<b>Heart and circulation</b>		
	Have you ever suffered from or been treated for the following condition(s)?		
	High/Low blood pressure	YES	NO
	Angina (chest pain when exercising)	YES	NO
	Myocardial infarction (a heart attack)	YES	NO
	Palpitations	YES	NO
	Peripheral vascular disease (poor circulation)	YES	NO
	Congenital heart disease (for example, a hole in the heart)	YES	NO

6	<b>Sleep and breathing disorders</b>		
	Do you suffer with obstructive sleep apnoea?	YES	NO

7	<b>Mobility</b>		
	Do you have any problems with arthritis, neck or back pain?	YES	NO

  

8	<b>Disability</b>		
	Are you registered as being disabled?	YES	NO
	Are you disabled in any way?	YES	NO

  

9	<b>Psychiatric illnesses and dependency</b>		
	Have you ever received medical attention or treatment for a psychiatric illness? (for example anxiety, depression)	YES	NO
	Have you ever been dependent upon alcohol or drugs?	YES	NO

  

10	<b>Hearing</b>		
	Do you have any impairment of hearing? (for example, do you wear a hearing aid?)	YES	NO

  

11	<b>Hospital Treatment</b>		
	Have you been treated in hospital in the last five years?	YES	NO

  

12	<b>DVLA</b>		
	Have you ever needed to report a health concern to the DVLA?	YES	NO
	Has the DVLA ever placed restrictions on your licence due to problems with your health?	YES	NO

  

13	<b>General</b>		
	Have you ever suffered from or been treated for the following condition(s)?		
	Chest trouble (chronic bronchitis, asthma, tuberculosis)	YES	NO
	Stomach trouble (ulcer, colitis)	YES	NO
	Have you any other medical condition that could affect safe driving? If yes please provide details	YES	NO
	Have you ever been refused life insurance on medical grounds?	YES	NO

**Declaration and consent:**

- I confirm that the information I have provided is accurate, and that I have not withheld any material details relating to my health.
- I understand that knowingly providing false information may render me liable to prosecution.
- I authorise the Licensing Authority to contact a medical practitioner in order to seek their medical opinion on anything that is of concern to them
- I authorise the Local Authority to share the contents of this report with a medical practitioner, elected member or legal representative, if this is needed to make a determination on my fitness to drive.
- I consider myself to be in a satisfactory state of physical and mental health and I am capable of the duties of a hackney carriage or private hire driver.

Signed.....Dated.....

The Local Authority reserves the right to seek further medical opinion and/or the completion of a Full Group 2 Medical at the applicant's expense if deemed necessary.

[illegible]

We will use the information provided by you for assessing your application. The basis under which the Council uses personal data for this purpose is a Public Task. **The information provided by you includes the following special categories of personal data:**

- Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.**

The information provided by you may also be used for the purpose of any other function carried out by the Council. Information about these functions and the legal basis on which information is used by them, your rights and the Council's Data Protection Officer (DPO) can be found on the Council's detailed privacy notice which can be found at <https://www.mansfield.gov.uk/privacy> or requesting a copy by writing to; The Data Protection Officer, Mansfield District Council, Chesterfield Road South, Mansfield, Nottinghamshire, NG19 7BH.