



Mansfield
District Council

MANSFIELD DISTRICT COUNCIL

Local Government (Miscellaneous Provisions) Act 1976

MEDICAL REPORT

NOTE FOR MEDICAL PRACTITIONERS:

In completing this medical certificate, Medical Practitioners are asked to have regard to the recommendations by the Medical Commission for Accident Prevention in their book "Medical Aspects of Fitness to Drive". You may find it helpful to read DVLA's 'At A Glance' booklet. You can download this from the 'medical rules for all drivers' section of <https://www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency>

Medicals should be carried out in accordance with the Group II guidance.

Photographic identification must be provided by the patient before the examination takes place. This should be in the form of a Drivers Licence or Passport. Please copy the identification document, sign and date it and attach the copy to the medical certificate form which will be returned to the Licensing section by the applicant.

Also ensure you have permission to access their full medical history before examination.

This certificate is not one which must be issued free of charge as part of the National Health Service. Mansfield District Council accepts no liability to pay for it. Unless any other arrangements have been made for the payment of the fee, the applicant is to pay.

NOTES FOR APPLICANT

Mansfield District Council have an appointed medical provider. This provider must be used to undertake your medical. The price for this is £75 + VAT and their details are:

Peter Smythe Transport and Training
Brierley Park Close,
Stanton Hill,
Sutton-in-Ashfield,
Nottinghamshire NG17 3FW
Tel: 01623 620062

Photographic identification must be presented to the GP carrying out the medical before the medical takes place. (Drivers licence photocard or passport are acceptable).

A medical report will not be accepted without a photocopy of the photographic identification produced at the medical, signed and dated by the GP. This Certificate requires completing:

- a. On the first application for a driver's licence;
- b. On each application for renewal following the 45th, 50th, 55th, 60th and 65th birthday.
- c. Annually after the age of 65.
- d. On all other occasions when required by Mansfield District Council.

Please note that an application will not be processed without the medical certificate where one is required.

In the case of an applicant with criminal convictions, it would be preferable to delay going to the expense of a medical examination until you are notified of whether or not the Council is prepared to approve your application in principle.

The Department for Transport 'Taxi and Private Hire Vehicle Licensing Best Practice Guidance' recommends that the DVLA Group II Medical Standards of fitness to drive are applied to applicants for hackney Carriage /Private Hire Vehicle Drivers Licence.

This medical guidance is provided for anyone who considers that they may have difficulty in meeting the required standard and who may wish to seek advice from their GP or the DVLA before requesting a medical appointment. The list of medical problems is not exhaustive, but covers those which may lead to refusal.

Epileptic Attack

Applicants must have been free of epileptic seizure for at least the past 10 years and have taken anti-epileptic medication during this period

Diabetes

Applicants who are insulin dependant diabetics will not be considered fit to hold a combined hackney carriage/private hire vehicle drivers licence unless they meet the DVLA criteria for category C1 licences

Eye Sight

In addition to meeting the DVLA licence requirements to read a vehicle number plate, a visual acuity of at least 6/9 in the better eye and 6/12 in the worst eye (with or without glasses or contact lenses) together with a normal binocular field of vision is required.

Other Medical Conditions

Applicants who have had heart problems or disturbance of cardiac rhythm or who have persistent high blood pressure may not meet the required medical standards.

Applicants who have had recent severe head injury or major brain surgery may not meet the required standard.

Any condition, for example, Parkinson's disease, Multiple Sclerosis or other 'chronic' neurological disorder which is likely to affect limb power and/or co-ordination may not be accepted.

Please remember to complete Section A, questions 1-13 in Section C and sign/date the declaration and consent, before you attend your appointment.



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

A. THE APPLICANT

Title	<input type="text" value="Mr/Mrs/Miss"/>	<input type="text" value="D.O.B"/>
Surname	<input type="text"/>	
Forename(s)	<input type="text"/>	
Address	<input type="text"/>	
Occupation	<input type="text"/>	
Signature of Applicant	<input type="text"/>	

(To be signed in the presence of the Medical Examiner)

Please give the name and address of the doctor (or group Practice) that you have been registered with over the last 12 months.

Name(s)
Address
Postcode

B. TO BE COMPLETED BY THE MEDICAL EXAMINER ONLY

Recommendation: I certify that I have this day examined, in accordance with the Group II guidance, the applicant who has signed this form in my presence and provided photographic identification who in my opinion is

MEDICALY FIT / UNFIT* to drive a Hackney Carriage/Private Hire Vehicle.

RECOMMENDED DATE OF NEXT EXAMINATION:

Doctors Details (If different from section A)

Name(s)
Address
Postcode

Please enter your PRACTICE/BUSINESS STAMP in the space below.

1. PLEASE ATTACH A SIGNED AND DATED COPY OF THE PHOTOGRAPHIC IDENTIFICATION PROVIDED BY THE APPLICANT.
2. I HAVE RECEIVED WRITTEN AUTHORISATION TO ACCESS THE APPLICANTS MEDICAL HISTORY TO HELP ME DETERMINE THEIR SUITABILITY TO PASS A GROUP II MEDICAL (THIS IS A COMPULSORY REQUIREMENT)

YES / NO

SIGNATURE: DATE:
Medical examiner

C. THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Please answer each of these questions by circling YES or NO.

1	Medication		
	Are you receiving any prescribed medication?	YES	NO
	<i>If YES, please bring details of your medication</i>		

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

3	Brain and nervous system		
	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	Diabetes Mellitus ("Sugar Diabetes")		
	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	Heart and circulation		
	Have you ever suffered from or been treated for the following condition(s)?		
	High 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	Sleep and breathing disorders		
	Do you suffer with obstructive sleep apnoea?	YES	NO

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

8	Disability		
	Are you registered as being disabled?	YES	NO
	Are you disabled in any way?	YES	NO

9	Psychiatric illnesses and dependency		
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	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	Hearing		
	Do you have any impairment of hearing? (for example, do you wear a hearing aid?)	YES	NO

11	Hospital Treatment		
	Have you been treated in hospital in the last five years? <i>If YES, please bring details of your treatment to the medical</i>	YES	NO

12	DVLA		
	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	General		
	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

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 doctor completing this report to provide an opinion to the Licensing Authority of my health in relation to the standards required to hold a taxi licence.
- I authorise the doctor to retain and store this information in a manner consistent with the Data Protection Act.
- I authorise that the doctor (where this is not my GP) can have access to my medical records to assist him/her in determining my suitability to pass a Group II Medical.

Privacy Notice

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:**

- **genetic/biometric data**
- **physical or mental health**

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 that you have provided will be kept in accordance with the Council's retention schedule which can be found at <https://www.mansfield.gov.uk/privacy>

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.

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

MEDICAL PRACTITIONER

If the applicant has answered 'yes' to any of the questions in section C please make comments below:-