



Licensing Section
FLINTSHIRE COUNTY COUNCIL
Planning, Environment and Economy
County Hall
Mold
Flintshire
CH7 6NR

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**MEDICAL EXAMINATION ASSOCIATED WITH APPLICATION FOR A LICENCE TO
DRIVE A PRIVATE HIRE OR HACKNEY CARRIAGE VEHICLE**

Name of Driver.....

Address:

.....

Post Code: Date of Birth:

Doctor information

Please complete this form, using the 'DVLA' Group 2 medical standard for drivers. Please complete this form in accordance with DVLA's 'Guide for Medical Practitioners' (www.dvla.gov.uk).

Drivers who may be symptom free 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 any type of driving licence they must inform the Drivers Medical Group, DVLA, Longview Road, Swansea SA99 1TU. **Licensed drivers also have a duty under private hire licence conditions to notify the Council within 14 days, of any illness or injury affecting their fitness to drive in any way.**

Please ensure that you have completed all the sections including consultant/specialist details where appropriate and your surgery/practice stamp.

Note: A Licensee is normally examined every five years up to the age of 65 years and every year subsequently.

MEDICAL EXAMINATION REPORT
To be completed by the Doctor

Please give patient's weight (kg/st) height (cms/ft)

Details of Specialist(s)/Consultants

Date last seen: _____

Current medication: _____

VISION

	YES	NO
1. Is the visual acuity at least 6/9 in the better eye and at least 6/12 in the other (corrective lenses may be worn)?	<input type="checkbox"/>	<input type="checkbox"/>

2. Is there a full binocular field of vision?	<input type="checkbox"/>	<input type="checkbox"/>
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If NO please give details: _____

3. If the applicant has any other ophthalmic condition please give details:

NERVOUS SYSTEM

	YES	NO
Is there a history or evidence of any of the following conditions:		
4. Any form of epileptic attack?	<input type="checkbox"/>	<input type="checkbox"/>
5. Blackout or impaired consciousness within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the driver suffer from narcolepsy/cataplexy?	<input type="checkbox"/>	<input type="checkbox"/>
7. Stroke/TIA?	<input type="checkbox"/>	<input type="checkbox"/>
8. Sudden and disabling dizziness/vertigo within the last year?	<input type="checkbox"/>	<input type="checkbox"/>
9. Subarachnoid haemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>
10. Serious head injury?	<input type="checkbox"/>	<input type="checkbox"/>
11. Brain tumour, either benign or malignant, primary or secondary?	<input type="checkbox"/>	<input type="checkbox"/>
12. Other brain surgery?	<input type="checkbox"/>	<input type="checkbox"/>
13. Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis?	<input type="checkbox"/>	<input type="checkbox"/>
14. Dementia or cognitive impairment?	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** to any of the above please give further details relating to prognosis, period of stability and details of medication, dosage and any side effects:

DIABETES MELLITUS

	YES	NO
15. Does the driver have diabetes mellitus?	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** to any of the above please give further details relating to prognosis, period of stability and details of medication, dosage and any side effects:

PSYCHIATRIC ILLNESS

	YES	NO
Is there a history or evidence of any of the following conditions:		
16. Significant psychiatric disorder within the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
17. A psychotic illness within the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
18. Alcohol dependency in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
19. Drug dependency in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** to any of the above please give further details relating to prognosis, period of stability and details of medication, dosage and any side effects:

CARDIAC

	YES	NO
Is there a history or evidence of any of the following conditions:		
20. Myocardial infarction?	<input type="checkbox"/>	<input type="checkbox"/>
21. Coronary artery by-pass graft?	<input type="checkbox"/>	<input type="checkbox"/>
22. Coronary angioplasty (with or without stent)?	<input type="checkbox"/>	<input type="checkbox"/>
23. Angina?	<input type="checkbox"/>	<input type="checkbox"/>
24. Cardiac arrhythmia?	<input type="checkbox"/>	<input type="checkbox"/>
25. Peripheral arterial disease?	<input type="checkbox"/>	<input type="checkbox"/>
26. Aortic aneurysm?	<input type="checkbox"/>	<input type="checkbox"/>
27. Aortic dissection?	<input type="checkbox"/>	<input type="checkbox"/>
28. Valvular/congenital heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
29. Cardiomyopathy?	<input type="checkbox"/>	<input type="checkbox"/>
30. Heart or heart/lung transplant?	<input type="checkbox"/>	<input type="checkbox"/>

- | | YES | NO |
|---|--------------------------|--------------------------|
| 31. Heart failure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Is today's systolic pressure greater than 180? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Is today's diastolic pressure greater than 100? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Is the driver on anti-hypertensive treatment? | <input type="checkbox"/> | <input type="checkbox"/> |

If **YES** to any of the above please give further details relating to prognosis, period of stability and details of medication, dosage and any side effects:

GENERAL

- | | YES | NO |
|---|--------------------------|--------------------------|
| Is there a history or evidence of any of the following conditions: | | |
| 35. Disability of the spine or limbs, likely to impair control of the vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Renal or hepatic failure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Sleep apnoea? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Symptomatic respiratory disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Deafness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Cancer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Medication that may cause the driver side effects which impair his/her driving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. In your opinion is there any medical reason why this individual should not drive? | <input type="checkbox"/> | <input type="checkbox"/> |

If **YES** to any of the above please give further details relating to prognosis, period of stability and details of medication, dosage and any side effects:

To: Licensing Section,
Planning, Environment and Economy
Flintshire County Council,
County Hall,
Mold,
Flintshire
CH7 6NR

Private Hire and Taxi Licensing

Your data will be processed by Flintshire County Council for the specific purpose of assessing your application for a licence. The processing of your personal data is necessary for the purposes of one of the following pieces of legislation:

- Local Government (Miscellaneous Provisions) Act 1976
- Town Police Clauses Act 1847,

and for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller. Where sensitive personal data is held processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject;

Flintshire County Council will retain your data for 12 months following the expiry, cancellation or surrender of the licence. Your data may be shared with both internal and external organisations such as North Wales Police and Immigration Authorities, and will be shared as part of the National Fraud Initiative.

If you feel that Flintshire County Council has mishandled your personal data at any time you can make a complaint to the Information Commissioner's Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights please see our privacy notice on our website:

<http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>

**MEDICAL EXAMINATION ASSOCIATED WITH APPLICATION FOR A LICENCE TO
DRIVE A PRIVATE HIRE OR HACKNEY CARRIAGE VEHICLE**

I certify that I have this day examined:

The answers to the foregoing questions are correct to the best of my knowledge and belief and I consider the above named person:
(Please tick the appropriate box)

FIT to act as a Private Hire/Hackney Carriage **Driver** licensed in the County of Flintshire.

UNFIT to act as a Private Hire/Hackney Carriage **Driver** licensed in the County of Flintshire.

I confirm:

I AM the usual Doctor of the above named person.

I AM NOT the usual Doctor of the above named person.

Name (please print):.....

Signature:.....

Date:.....

Stamp:

*** A WELSH VERSION OF THIS FORM IS AVAILABLE ON REQUEST***