

## GROUP 2 MEDICAL RESULT ASSOCIATED WITH APPLICATIONS FOR A LICENCE TO DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE

Please return directly to Blackpool Council Licensing Service  
(This form once completed is not to be handed to the applicant)

Address – Licensing Service, Municipal Buildings, Corporation Street, Blackpool, FY1 1NA

Fax – 01253 478372    Email – [licensing@blackpool.gov.uk](mailto:licensing@blackpool.gov.uk)

I hereby consent to this medical examination and any associated medical information being released to the Licensing Service at Blackpool Council in order that my application for Hackney Carriage/Private Hire Driver’s Licence may be properly considered. I also declare that the information I have given to the Medical Advisor is correct to the best of my knowledge and belief, and in doing so realise that to give false information or otherwise try to mislead the Medical Advisor by not declaring previous occurrences of illness/injury is an offence and could lead to refusal of my application.

Signed.....(Applicant)

**This form is now to be completed by the Medical Advisor**

I certify that I have examined person named below on the date stated

|                               |  |  |  |  |  |                  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|------------------|--|--|--|--|--|
| <b>Full name of applicant</b> |  |  |  |  |  |                  |  |  |  |  |  |
| <b>Date of birth</b>          |  |  |  |  |  |                  |  |  |  |  |  |
| <b>Home address</b>           |  |  |  |  |  |                  |  |  |  |  |  |
|                               |  |  |  |  |  |                  |  |  |  |  |  |
| <b>Date</b>                   |  |  |  |  |  | <b>Post Code</b> |  |  |  |  |  |

**Group 2 Medical Standards**

|   |  |
|---|--|
| <p>1. Is the applicant, to the best of your judgement, subject to:</p><br><p style="padding-left: 40px;">Diabetes</p> <p style="padding-left: 40px;">Epilepsy</p> <p style="padding-left: 40px;">Disabling dizziness/vertigo</p> <p style="padding-left: 40px;">Loss of consciousness</p> <p style="padding-left: 40px;">Any nervous/mental neurological disorder that might interfere with the safe and efficient performance of their duties as a driver?</p> | <p style="text-align: center;"><b>Yes / No</b></p><br><p style="text-align: center;"><b>Yes / No</b></p><br><p style="text-align: center;"><b>Yes / No</b></p><br><p style="text-align: center;"><b>Yes / No</b></p><br><p style="text-align: center;"><b>Yes / No</b></p> |
|---|--|

|  |   |
|--|---|
| <p>If Yes, please explain further</p>  | <p>.....<br/> .....<br/> .....</p>  |
| <p>2. Does the applicant suffer from any heart or lung disorder that might interfere with the safe and efficient performance of their duties as a driver?</p>  | <p><b>Yes / No</b></p>  |
| <p>3. Are the blood pressure reading – both systolic and diastolic – normal, having regard to the applicant’s age. If not do you consider the abnormal blood pressure might interfere with the safe and efficient performance of their duties as a driver?</p>   | <p><b>Yes / No</b></p> <p><b>BP Systolic.....</b></p> <p><b>Diastolic.....</b></p> <p><b>Yes / No</b></p> |
| <p>4. Is the urine analysis satisfactory?</p> <p>If no please explain</p>  | <p><b>Yes / No</b></p> <p>.....<br/> .....</p>  |
| <p>5. a) Is the acuity of vision by Snellens type satisfactory</p> <p>Were the readings taken with the applicant’s own glasses/contact lenses?</p> <p>b) Is the applicant’s field vision by hand test satisfactory?</p> <p>Does the applicant suffer from any other defect of vision that might interfere with the safe and efficient performance of their duties as a driver?</p> | <p><b>Yes / No</b></p> <p><b>Yes / No</b></p> <p><b>Yes / No</b></p> <p><b>Yes / No</b></p>               |
| <p>6. Is the applicant’s weight normal, having regard to their height and sex?</p> <p>If <b>NO</b> do you consider the abnormal weight might interfere with the safe and efficient performance as a driver?</p>  | <p><b>Yes / No</b></p> <p><b>Yes / No</b></p>   |
| <p>7. Is there any defect of hearing?</p> <p>If <b>Yes</b>, do you consider that it might interfere with the safe and efficient performance as a driver?</p>   | <p><b>Yes / No</b></p> <p><b>Yes / No</b></p>   |
| <p>8. Has the applicant any deformity or loss of members?</p> <p>If <b>Yes</b>, do you consider that it might interfere with the safe and efficient performance as a driver?</p>   | <p><b>Yes / No</b></p> <p><b>Yes / No</b></p>   |
| <p>9. Is the applicant, in your opinion, sufficiently active for the performance of their duties as a driver?</p>  | <p><b>Yes / No</b></p>  |

|   |                 |
|---|-----------------|
| 10. Does the applicant show evidence of being addicted to the excessive use of alcohol or drugs | <b>Yes / No</b> |
|---|-----------------|

To be Completed by Medical Advisor

**Date:** .....

I certify that I have this day examined (Applicant's name)..... and that the answers to the questions above are correct to the best of my knowledge and belief, and as such I consider the Applicant to be **FIT / UNFIT\*** to hold a vocational driving licence and as such to act as a Driver of Hackney Carriages or Private Hire Vehicles in the Blackpool Area.

\* Please delete as appropriate

I confirm the applicant had a medical condition which would prevent loading wheelchair bound passengers **Yes / No** (please delete as appropriate)

If **YES**, the applicant should be issued with a disability exemption from loading wheelchair bound passengers for the following length of time:

**Permanent –**

**Or**

**Time Limited –**

(state length of time for exemption)

1) Applicants to be able to reach a **minimum uncorrected visual acuity of at least 3/60 in each eye** separately and if wearing glasses or contact lenses, a **corrected vision of at least 6/9 6/12**

2) Applicants will normally be required to have a Medical Examination at the following intervals: After initial medical examination on a new application they are required to obtain a medical at the age of 45, then every 5 years until the age of 65, and from 65 onwards they will require yearly medicals.

**Signed:** .....(Qualified and Registered Medical Practitioner)

**Print Doctor Name:** .....

**Authorised Surgery Stamp**

