

## Application To Drive Private Hire/Hackney Carriage Vehicles

Please read the attached guidance notes before completing this application form.

Title	Mr		Mrs		Miss		Ms		Other (Please State)	
Surname										
Forename(s)										
Maiden Name (If applicable)										
Have you ever spelt your name another way or used a variation of your name? If Yes, please give details of all variations										
Full Postal Address										
Date of Birth					Place of Birth					
Contact Telephone Number		Home:			Mobile:					
E-Mail Address										
National Insurance Number										

Apply for a licence to drive

**PRIVATE HIRE VEHICLES**       **HACKNEY CARRIAGE VEHICLES**

**(Please Tick The Appropriate Box Or Both If You Require A Combined Licence)**

and provide the following information

Length of Residence at Current Address			
Previous Address if less than five years			
Length of Residence at Previous Address			
DVLA Driving Licence Number			
Expiry Date of DVLA Licence			
How Long have you held a Full Driving Licence (Applicants must have held a full driving licence for at least three years)			
Date Passed DSA Taxi Test		DSA Pass Certificate Number	

If you hold or have held a Hackney Carriage, Private Hire, PCV or HGV licence please give details

	Licence Number	Date of Expiry	Issued By	Length of Time Licence Held		
Hackney Carriage Licence						
Private Hire Licence						
PCV Licence						
HGV Licence						
Have you ever had a licence to drive any of the above vehicles refused, revoked or suspended?			YES		NO	
If YES, please give details						
Have you any physical infirmity, which might prevent you assisting passengers in a wheelchair or with luggage?			YES		NO	
If YES, please give details						

I have the right to work in the United Kingdom and I have attached the relevant documents (See guidance notes)	YES		NO	
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Date Safeguarding Awareness Training Completed		Certificate Enclosed	Yes	No
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If my application is successful I would like my licence to be granted for:

(Please select one option)  One Year  Three Years

**Share Your Driving Licence Details (Check Code)**

In order to determine if you are fit and proper the Council need to assess your driving record to confirm that you have a valid licence entitling you to drive in the UK and to verify any endorsements imposed on you by the DVLA. You must, prior to submitting your application, log onto the website: <https://www.gov.uk/view-driving-licence> and follow the instructions to share your licence with us within 21 days before you submit your application.

In the last 21 days I have logged onto <https://www.gov.uk/view-driving-licence> and created a code which I have written below to allow the Council to check my DVLA driving licence details (the code is case sensitive, please write it exactly as it appears on screen )

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We will be unable to process your application until confirmation of your DVLA licence has been supplied. Please see attached guidance leaflet for further information.

 **How we collect and use information**

The information collected, on this form and from supporting evidence, by Stockton on Tees Borough Council will be used to process your application. The information may be passed to the Department of Social Security, Employment Service and Inland Revenue as permitted by law.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, or to ensure public safety, as permitted by law. These third parties include Government Departments and Local Authorities. We will not disclose information about you to anyone outside Stockton on Tees Borough Council nor use information about you for other purposes unless the law permits us to.

Stockton on Tees Borough Council is the Data Controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, you can ask at; Licensing Service, Municipal Buildings, Church Road, Stockton on Tees, TS18 1LD

# DECLARATION

This declaration relates to **all offences including motoring offences**. Please ensure that you have read the guidelines on Relevance of Convictions. You must declare **all** relevant Convictions, Cautions, Reprimands, or Final Warnings that are not protected.

I (Insert Full Name)	
Of (Insert Full Address)	
Date of Birth	

## History

Have you ever been convicted for any Offence or received a Caution, Reprimand or Final Warning issued by the Police, Local Authority or other statutory enforcement body?

 **Yes** **No**

If yes please give full details below:

Date	Offence/Caution/Reprimand or Final Warning	Court/Police Force	Sentence

Are you aware of any enquiry/investigation being made at the present time by the Police or any Local Authority involving you?

 **Yes** **No**

If yes please give full details below:

Name of Police Force or Local Authority	Details of Investigation/Enquiry

Have you ever had any summons served on you for any offence(s) by the Police or any Local Authority?

 **Yes** **No**

If yes please give full details below:

Name of Police Force or Local Authority	Details of Investigation/Enquiry	Future Hearing Date

**I understand that the Council will share information relating to safeguarding, public safety and other disciplinary matters with other Council Services and other organisations.**

**I understand that the Council may contact DVLA in order to verify my driving licence details at any time, and I hereby give my authority enabling the Council to carry out such checks.**

**I do not wish to exclude myself from carrying children and/or vulnerable persons on a regular basis as defined by the DBS guidance.**

**For at least 3 years prior to the date hereof I have held a licence (not being a provisional licence) under Part III of the Road Traffic Act 1972 authorising me to drive a motor car.**

**I declare to the best of my knowledge and belief the answers given on this form are true.**

**If a licence is granted I undertake to comply with the conditions attached on the grant of the licence, relevant byelaws and legislation.**

**Signature of Applicant:**

**Date of Signature:**

### **Please Read Notes Before Signing**

Applicants should note that it is an offence for the person completing this form to make a false statement or omit relevant details.

#### **Disclosure Requirements**

On 29 May 2013, amendments were made to the Rehabilitation of Offenders Act (Exceptions) Order 1975 (the Order) so that certain old and minor cautions and spent convictions are 'protected' and are not subject to disclosure under the Exceptions Order, nor will they appear on a standard or enhanced disclosure certificate issued by the DBS.

Applicants for driver licences are required to disclose all convictions cautions, final warnings and reprimands whether they are spent or not, unless they are protected under the Order.

The information you give will be treated in confidence and will only be taken into account in relation to your application.

You should be aware that the licensing authority is empowered in law to check with the Disclosure and Barring Service (DBS) for the existence and content of any criminal record held in the name of the applicant. Information received from the DBS will be kept in strict confidence while the licensing process takes its course and will be retained for no longer than is necessary.

The disclosure of a criminal record or other information does not debar applicants from obtaining a licence unless the Council considers that the applicant is not a fit and proper person. In making this decision the Council will consider the nature of the offence(s), caution, warning or reprimand, the period since conviction(s), at what age the offences were committed and any other relevant factors. Any applicants refused a driver's licence on the grounds that he/she is not a fit and proper person to hold such a licence has a right of appeal to a Magistrates' Court. (For further information see Guidance Leaflet – Relevance of Convictions)

## Medical Examination Report

### FOR A PRIVATE HIRE/HACKNEY CARRIAGE DRIVER LICENCE IN ACCORDANCE WITH DVLA MEDICAL STANDARD FOR LGV And PCV GROUP 2 ENTITLEMENT

#### To the Applicant

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 Private Hire/Hackney Carriage Vehicle.

This form is to be completed by your own GP or a GP who has access to your medical records and is for the confidential use of the Licensing Authority.

The medical examination report must be submitted to the Licensing Service no more than 28 days from date of signature. A report submitted after this period will be considered invalid.

Upon reaching the age of 45 a Group 2 Medical Report is required every 5 years until the age of 65. From the age of 65 a Group 2 Medical Report is required every year.

This Medical report cannot be issued free of charge as part of the National Health Service. The applicant must pay the medical practitioner's fee, unless other arrangements have been made. The Licensing Authority accepts no liability to pay it.

#### To the Medical Practitioner

The Local Government (Miscellaneous Provisions) Act 1976, enables the Council to require any applicant for a Hackney Carriage or Private Hire driver's licence to produce a certificate signed by a Registered Medical Practitioner, to the effect that the applicant is physically fit to be the driver of a Hackney Carriage or Private Hire vehicle. The Act does not prescribe any specific matters, which are to be taken into account by the Medical Practitioner who is asked to sign such a certificate.

When completing this medical report please have regard to the "Medical Standards of Fitness to Drive" and the current guidelines "At a Glance Guide to the Current Medical Standards of Fitness to Drive" issued regularly by the Drivers Medical Unit, DVLA Swansea. The Licensing Authority considers a Hackney Carriage/Private Hire driver to be Group 2 classification.

Only complete the Vision Assessment if you are able to fully and accurately complete ALL the questions. If you are unable to do this you must tell the applicant that they will need to arrange to have this part of the assessment completed by an Optician or Optometrist.

Once complete this form should then be returned to the applicant to submit with their application.

## Guidance Notes - Medical Standards For Drivers Of Passenger Carrying Vehicles

Medical standards for drivers of passenger carrying vehicles are higher than those required for Group 1 (car and motorcycle drivers).

1. **Eyesight** - Applicants must have, as measured by the 6 metre Snellen chart:
  - A visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye
  - A visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the worse eye  
This may be achieved with or without glasses or contact lenses.
  - If glasses are worn, the distance spectacle prescription of either lens used must not be of a corrective power greater than plus 8 (+8) dioptres.

**Visual Field** - The horizontal visual field should be at least 160 degrees; the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30m degrees.

**Monocular Vision** - Drivers who have sight in one eye only or their sight in one eye has deteriorated to less than 0.05 (3/60) cannot normally be licensed to drive Group 2 vehicles.

**Uncontrolled Symptoms of Double Vision** - If you have uncontrolled symptoms of double vision, or you have double vision treated with a patch, you will not be allowed to hold a Group 2 licence.

2. **Epilepsy or Liability to Epileptic Attacks** - If you have been diagnosed as having epilepsy, (this includes all events; major, minor and auras), you will need to remain free of seizures with taking anti-epilepsy medication for 10 years. If you have a condition that causes an increased liability to seizures, for example a serious head injury, the risk of you having a seizure must have fallen to no greater than 2% per annum prior to application.

**Isolated Seizure** - If you have had only an isolated seizure, you may be entitled to drive from the date of the seizure, provided that you are able to satisfy the following criteria:

- No relevant structural abnormality has been found in the brain on imaging
  - No definite epileptic activity has been found on EEG (record of brain waves)
  - You have not been prescribed medication to treat the seizure for at least 5 years since the seizure
  - You have the support of your neurologist
  - Your risk of a further seizure is considered to be 2% or less per annum (each year)
3. **Insulin Treated Diabetes** - If you have insulin treated diabetes you may be eligible to apply for a Group 2 licence. An annual assessment by a hospital consultant specialising in the treatment of diabetes is required and you will have to meet strict criteria for controlling and monitoring your diabetes. This includes having at least 3 months of blood glucose readings available for inspection on a blood glucose meter with a memory function.
  4. **Other Medical Conditions** - An applicant is likely to be refused a Group 2 licence if they cannot meet the recommended medical guidelines for any of the following:
    - With 3 months of a coronary artery bypass graft (CABG)
    - Angina, heart failure or cardiac arrhythmia which remains uncontrolled
    - Implanted cardiac defibrillator
    - Hypertension where the blood pressure is persistently 180 systolic or more and/or 100 diastolic or more
    - A stroke or transient ischemic attack (TIA) within the last 12 months
    - Unexplained loss of consciousness with liability to recurrence
    - Meniere's disease, or any other sudden and disabling vertigo within the past year, with a liability to recurrence
    - Major brain surgery and/or recent severe head injury with serious continuing after-effects or a likelihood of causing seizures
    - Parkinson's disease, multiple sclerosis or other chronic neurological disorders with symptoms likely to affect safe driving
    - Psychotic illness in the past 3 years
    - Serious psychiatric illness
    - If major psychotropic or neuroleptic medication is being taken
    - Alcohol and/or drug misuse in the past 1 year of alcohol and/or drug dependence in the past 3 years
    - Dementia
    - Cognitive impairment likely to affect safe driving
    - Any malignant condition in the last 2 years, with a significant liability to metastasise (spread) to the brain
    - Any other serious medical condition likely to affect the safe driving of a Group 2 vehicle
    - Cancer of the lung

# Vision Assessment

**To be completed by a Doctor or Optician/Optomtrist**

Applicants Full Name		Date of Birth	
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Note: Visual acuities, as measured by the 6 metre Snellen Chart, must be a least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and a least 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to chieve this standard. A LogMAR reading is acceptable.

1. Please confirm (✓) the scale you are using to express the driver's visual acuities.

Snellen     
  Snellen expressed as a decimal     
  LogMar

2. Please state the visual acuities **of each eye** in terms of the 6m Snellen chart.

**Uncorrected**

**Corrected (using prescription worn for driving)**

Right    
 Left    
 Right    
 Left

3. Please give the best binocular acuity with corrective lenses if worn for driving

4. If glasses were worn, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptrres?      **Yes**      **No**

    

5. If a correction is worn for driving, is it well tolerated?           

**If you answer Yes to any of the following, give details in the box provided.**

6. Is there a history of any medical condition that may affect the applicants binocular field of vision (central and /or peripheral)?      **Yes**      **No**

    

7. Is there diplopia?              
 Is it controlled? If Yes, please give details in the box provided below           

8. Is there any reason to believe that there is impairment of contrast sensitivity or intolerance to glare?           

9. Does the applicant have any other ophthalmic condition?           

Details

Date of Examination	
Name (Print)	
Signature	
Date of Signature	
Your GOC, HPC or GMC Number	

Doctor/Optomtrist/Optician's stamp





# Medical Examination Report

## FOR A PRIVATE HIRE/HACKNEY CARRIAGE DRIVER LICENCE IN ACCORDANCE WITH DVLA MEDICAL STANDARD FOR LGV And PCV GROUP 2 ENTITLEMENT

### Applicant's Details

To be completed by your own Doctor or a Doctor who has access to your medical records.

Taking into account the criteria for Group 2 vocational drivers as set out in "Medical Aspects of Fitness to Drive" and the latest edition of the DVLA publication "At a Glance Guide for Current Medical Standard of Fitness To Drive"

#### Section 1 – Nervous System

	Yes	No
1. Has the applicant had any form of seizure? If NO, please go to question 2	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please answer questions (a) to (f)		
(a) Has the applicant had more than one attack?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Please give date of first and last attack	First Attack	<input type="text"/>
	Last Attack	<input type="text"/>
(c) Is the applicant currently on anti-epileptic medication? If YES, please fill in current medication in Section 8	<input type="checkbox"/>	<input type="checkbox"/>
(d) If no longer treated, please give date when treatment ended	<input type="text"/>	
(e) Has the applicant had a brain scan? If YES, please give details in Section 6	<input type="checkbox"/>	<input type="checkbox"/>
(f) Has the applicant had an EEG? If YES, to any of the above please supply reports if available	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a history of blackout or impaired consciousness within the last 5 years? If YES, please give date(s) and details in Section 6	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the applicant suffer from narcolepsy or cataplexy? If YES, please give date(s) and details in Section 6	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a history of, or evidence of ANY conditions listed at (a) to (h)? If YES, please give full details at Section 6 and supply relevant reports	<input type="checkbox"/>	<input type="checkbox"/>
(a) Stroke or TIA If YES, please give date	<input type="text"/>	
Has there been a full recovery?	<input type="checkbox"/>	<input type="checkbox"/>
Has a carotid ultra sound been undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Sudden and disabling dizziness/vertigo with the last year with a liability to recur	<input type="checkbox"/>	<input type="checkbox"/>
(c) Subarachnoid haemorrhage	<input type="checkbox"/>	<input type="checkbox"/>
(d) Serious traumatic brain injury within the last 10 years	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |
|--|--------------------------|--------------------------|
| (e) Any form of brain tumour           | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <b>Yes</b>               | <b>No</b>                |
| (f) Other brain surgery or abnormality | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Chronic neurological disorders     | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Parkinson's disease                | <input type="checkbox"/> | <input type="checkbox"/> |

**Section Two – Diabetes Mellitus**

- |  | <b>Yes</b>   | <b>No</b>                |
|--|--|--------------------------|
| 1. Does the applicant have diabetes mellitus?  | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| If NO, please go to Section 3  |  |                          |
| If YES, please answer the following questions.   |  |                          |
| 2. (a) Is the diabetes managed by Insulin?   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| If YES, please give date started on insulin  | <input style="width: 300px; height: 20px;" type="text"/> |                          |
| (b) If treated with insulin, are there a least 3 months of blood glucose readings Stored on a memory meter(s)? | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| If NO, please give details in Section 6.   |  |                          |
| (c) Other injectable treatments?   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| (d) A Sulphonylurea or a Glinide?  | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| (e) Oral hypoglycaemic agents and diet?  | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| (f) Diet only?   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| 3. (a) Does the applicant test blood glucose at least twice every day?   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| (b) Does the applicant test at times relevant to driving?  | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| (c) Does the applicant keep fast acting carbohydrate within easy reach when driving?                           | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| (d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?  | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| 4. Is there any evidence of impaired awareness of hypoglycaemia?   | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| 5. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?       | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| 6. Is there evidence of:   |  |                          |
| (a) Loss of visual field?  | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| (b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?                         | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| If YES, to any of 4 to 6 above, please give details in Section 6.  |  |                          |
| 7. Has there been laser treatment or intra-vitreous treatment for retinopathy?                                 | <input type="checkbox"/>                                 | <input type="checkbox"/> |

If YES, please give dates of treatment  
**Section 3 – Psychiatric Illness**

Is there a history of, or evidence of, ANY of the conditions listed at 1 to 7 below?

- Please enclose relevant hospital notes
- If applicant remains under specialist clinic(s), ensure details are filled in at Section 7.

	Yes	No
1. Significant psychiatric disorder within the past 6 months	<input type="checkbox"/>	<input type="checkbox"/>
2. Psychosis or hypomania/mania within the past 3 years, including psychotic depression	<input type="checkbox"/>	<input type="checkbox"/>
3. Dementia or cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>
4. Persistent alcohol misuse in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
5. Alcohol dependence in the past 3 years	<input type="checkbox"/>	<input type="checkbox"/>
6. Persistent drug misuse in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
7. Drug dependence in the past 3 years	<input type="checkbox"/>	<input type="checkbox"/>

If YES to ANY of questions 4 to 7 please state how long this has been controlled

Please give details of past consumption or name of drug(s) and frequency

**Section 4 – Cardiac**  
**Section 4A – Coronary Artery Disease**

Is there a history of, or evidence of, coronary artery disease?  Yes  No

If NO, go to Section 4B

If YES, please answer all questions below and give details at Section 6, enclose relevant hospital notes

1. Has the applicant suffered from Angina?  Yes  No

If YES, please give the date of last known attack

2. Acute coronary syndromes including Myocardial infarction?  Yes  No

If YES, please give date

3. Coronary angioplasty (P.C.1)?  Yes  No

If YES, please give most recent intervention

4. Coronary artery by-pass graft surgery?  Yes  No

If YES, please give date

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**Section 4B – Cardiac Arrhythmia**

Is there a history of, or evidence of, cardiac arrhythmia? Yes  No

If NO, go the Section 4C

If YES, please answer all questions below and give details in Section 6.

1. Has there been a significant disturbance or cardiac rhythm? i.e. Sinusoidal disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in the last 5 years
2. Has the arrhythmia been controlled satisfactorily for at least 3 months?
3. Has an ICD or biventricular pacemaker (CRST-D type) been implanted?
4. Has a pacemaker been implanted?

If YES:-

(a) Please supply date of implantation

(b) Is the applicant free of symptoms that caused the device to be fitted?

(c) Does the applicant attend a pacemaker clinic regularly?

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**Section 4C – Peripheral Arterial Disease (excluding Buerger's Disease) Aortic Aneurysm/Dissection**

Is there a history or evidence of ANY of the following? Yes  No

If No, go to Section 4D

If YES, please answer all questions below and give details in Section 6.

1. Peripheral arterial disease (excluding Buerger's disease)
2. Does the applicant have claudication?

If YES, how long in minutes can the applicant walk at a brisk pace before being symptom-limited?

3. Aortic aneurysm

If YES,

(a) Site of Aneurysm: Thoracic  Abdominal

(b) Has it been repaired successfully?

(c) Is the transverse diameter currently >5.5cm?

(d) If NO, please provide latest measurement and date obtained

4. Dissection of the aorta repaired successfully

If YES, please provide copies of reports to include those dealing with any surgical treatment.

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 5. Is there a history of Marfan's disease? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, please provide relevant hospital notes

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**Section 4D – Valvular/Congenital Heart Disease**

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| Is there a history of, or evidence of, valvular/congenital heart disease? | <input type="checkbox"/> | <input type="checkbox"/> |

If NO, go to Section 4E

If YES, please answer all questions below and give details in Section 6.

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Is there a history of congenital heart disorder?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a history of heart valve disease?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there any history of embolism? (not pulmonary embolism)                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the applicant currently have significant symptoms?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has there been any progression since the last licence application? (if relevant) | <input type="checkbox"/> | <input type="checkbox"/> |

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**Section 4E – Cardiac Other**

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| Does the applicant have a history of ANY fo the following conditions: | <input type="checkbox"/> | <input type="checkbox"/> |

If NO, go to Section 4F

If YES, please answer all questions below and give details in Section 6.

- |   |                          |                          |
|---|--------------------------|--------------------------|
| (a) a history of, or evidence of, heart failure?                | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) established cardiomyopathy?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) has a Left Ventricular Assist Device (LVAD) been implanted? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) untreated atrial myxoma                                     | <input type="checkbox"/> | <input type="checkbox"/> |

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**Section 4F – Cardiac Investigations**

**This section must be completed for all applicants**

- |                                       |                          |                          |
|---------------------------------------|--------------------------|--------------------------|
|                                       | <b>Yes</b>               | <b>No</b>                |
| 1. Has a resting ECG been undertaken? | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, does it show:-                |                          |                          |
| (a) pathological Q waves              | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) left bundle branch block?         | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) right bundle branch block?        | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, to any of the above please provide a copy of the relevant ECG report or comment at Section 6.

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 2. Has an exercise ECG been undertaken (or planned)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give date and details in Section 6.<br>Please provide relevant reports if available |                          |                          |
| 3. Has an echocardiogram been undertaken (or planned)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) If YES, please give date and details in Section 6  |                          |                          |
| (b) If undertaken, is/was the left ejection fraction greater than or equal to 40%                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a coronary angiogram been undertaken (or planned)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give date and details in Section 6  |                          |                          |
| 5. Has a 24 hour ECG tape been undertaken (or planned)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give date and details in Section 6  |                          |                          |
| 6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)?              | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, please give date and details in Section 6  |                          |                          |

**Section 4G – Blood Pressure**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Please record today's blood pressure reading                  |                          |                          |
| 2. Is the applicant on anti-hypertensive treatment?              | <input type="checkbox"/> | <input type="checkbox"/> |
| If YES, provide three previous readings with dates, if available |                          |                          |

Date	Reading

**Section 5 – General**

Please answer All questions. If YES to any question please give full details in Section 6.

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| 1. Is there currently any functional impairment that is likely to affect control of the vehicle?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a history of bronchogenic carcinoma or other malignant tumour With a significant liability to metastasise cerebrally? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Is there any illness that may cause significant fatigue or cachexia that affect safe driving?
4. Is the applicant profoundly deaf?  **Yes**  **No**
- If YES, is the applicant able to communicate in the event of an emergency by speech or by using a device, e.g. a textphone?
5. Does the applicant have a history of liver disease of any origin?
6. Is there a history of renal failure?
7. (a) Is there a history of, or evidence of, obstructive sleep apnoea syndrome?
- (b) Is there any other other medical condition causing excessive daytime sleepiness?
- If YES, please give diagnosis
- If YES, to 7a or b please give
- (i) Date of diagnosis
- (ii) Is it controlled successfully?
- (iii) If YES, please state treatment
- (iv) Please state period of control
- (v) Date last seen by consultant
8. Does the applicant have severe symptomatic respiratory disease causing Chronic hypoxia?
9. Does any medication currently taken cause the applicant side effects that could affect safe driving?
- If YES, please provide details of medication and symptoms in Section 6.
10. Does the applicant have an ophthalmic condition?
11. Does the applicant have any other medical conditions that could affect safe driving?

**Section 6 – Further Details**

Please forward copies of relevant notes. Please do not send any notes not related to fitness to drive

**Section 7 – Consultants’ Details**

Details of type of specialist(s)/consultants, including address.

Consultant In	Consultant In
Name	Name
Address	Address
Date of Last Appointment:	Date of Last Appointment:



**Section 8 – Medication**

Please provide details of all current medication (continue on a separate sheet if necessary)

<b>Medication</b>	<b>Dosage</b>
<b>Reason for taking:</b>	

<b>Medication</b>	<b>Dosage</b>
<b>Reason for taking:</b>	

<b>Medication</b>	<b>Dosage</b>
<b>Reason for taking:</b>	

<b>Medication</b>	<b>Dosage</b>
<b>Reason for taking:</b>	

<b>Medication</b>	<b>Dosage</b>
<b>Reason for taking:</b>	

<b>Medication</b>	<b>Dosage</b>
<b>Reason for taking:</b>	

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**Section 9 – Additional Information**

Applicant's weight(kg)	<input type="text"/>
Height (cms)	<input type="text"/>
Details of smoking habits, if any	<input type="text"/>
Number of alcohol units taken each week	<input type="text"/>

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**Applicant's Consent And Declaration**

Applicant's Full Name:			
Applicant's Address:			
Telephone Number		Date of Birth	

I authorise my Doctor and Specialist(s) to release reports to Stockton on Tees Borough Council about my medical condition.

I authorise Stockton on Tees Borough Council to divulge relevant medical information about me to Doctors and Specialists(s) as necessary in the course of medical enquiries into my fitness to drive.

I declare that I have checked the details I have given on the enclosed questionnaire and that to the best of my knowledge they are correct.

Signature of Applicant	<input type="text"/>
Date	<input type="text"/>

**Note About Consent**

You will see that we have asked for your consent, not only for the release of medical reports from your doctors, but also that we might in turn, very occasionally release medical information to Doctors and Specialists, either because we wish you to be examined, and the doctors need to know the medical details, or because we require further information.

**Section 10 – Examining Doctor’s Details**

To be completed by the doctor carrying out the examination.

## Certificate Of Fitness To Drive A Private Hire Or Hackney Carriage Vehicle

**Applicant Name:**

**Date of Birth:**

*Please tick as appropriate*

I am a registered Medical Practitioner who is competent in undertaking DVLA Group 2 Medical Examinations.

I have today examined the above applicant and I confirm that I have access to the applicant’s **FULL** Medical Records/History.

I have examined the applicant medically to the DVLA Group 2 Medical Standards for Vocational Drivers and had regard to the DVLA’s “At a Glance” and the Medical Commission on Accident Preventions booklet “Medical Aspects of Fitness to Drive”.

I consider the above applicant \*; *\*Please tick relevant box*

Meets the DVLA group 2 medical standards for vocational drivers and is **FIT** to drive a Private Hire or Hackney Carriage Vehicle to Group 2 Standards

Does not meet the DVLA group 2 medical standards for vocational drivers and is **UNFIT** to drive a Private Hire or Hackney Carriage Vehicle

**Doctors Details**

Name	
Address	
Telephone Number	
E-Mail Address	
GMC Registration Number	

Signature of Medical Practitioner	
Date of Examination	

Surgery Stamp



## Fees

Private Hire/Hackney Carriage Driver Deposit	£109.00
Grant of an Annual Private Hire/Hackney Carriage Driver Licence	£88.00
Grant of a Three Year Private Hire/Hackney Carriage Driver Licence	£210.00
Grant of Combined Driver Licence	£103.00
Grant of a Three Year Combined Driver Licence	£255.00

## Checklist: Have You Included The Following?

	Please Tick
Driver Application Form	
Medical Examination Certificate	
Tees Valley Taxi Driving Test Pass Certificate	
Safeguarding Awareness Certificate	
4 Colour Passport Size Photographs	
DVLA Driving Licence plus Check Code (Must have been held for three years and address corresponds with application form).	
DBS Form With Supporting Documents	
Evidence of Right To Work in the UK	
Appropriate Licence Fee	

Please Note: The statutory declaration, medical form and DBS form should not be completed and signed earlier than 28 days before submission to our office. All documents provided must show your current address.

## To Be Completed By Customer Service Officer

	Checked (✓)
Driver Application Form	
Medical Examination Certificate	
Tees Valley Taxi Driving Test Pass Certificate	
Safeguarding Awareness Certificate	
4 Colour Passport Size Photographs	
DVLA Driving Licence - (Must have been held for three years and address corresponds with application form).	
DBS Form With Supporting Documents (Complete Evidence Check Form)	
Evidence of Right To Work in the UK	
Appropriate Licence Fee	

Receipt No		Amount	
Officer Signature		Dated	