Licensing Team
Business & Consumer Protection
Email: taxis@shropshire.gov.uk
Tel: 0345 678 9046
Web: www.shropshire.gov.uk

Medical Examination Report - Guidance notes

A. General

It is the Council's policy that all drivers undertake a medical examination to ensure their fitness to drive. The standards required are as laid down in the DVLA publication **"Assessing fitness to drive: a guide for medical professionals"**. A copy of this document can found at https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals. The standard required is the "Group 2 Entitlement".

Applicants would be screened for fitness before a licence is issued and at five-yearly intervals from age 45.

Applicants over the age of 65 or who attain the age of 65 during a licensed period will be required to provide a medical certificate annually.

Before consulting the doctor, please read the notes on medicals. If you have any of the conditions listed, a licence may be refused or revoked.

If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your practice doctor/optician before you arrange for this medical form to be completed. The doctor will normally charge you for completing it. In the event of your application being refused, the fee you pay the doctor is not refundable. The Council has no responsibility for the fee payable to the doctor.

Since 2002, licence holders have had a legal duty to carry guide, hearing or other prescribed assistance dogs, accompanying a disabled person, and to do so without charge for the dog. Drivers may only be exempted from these duties on medical grounds. A medical certificate for this purpose is a separate issue to the medical requirements of fitness to drive and is not included in this examination.

Fill in the Consent Form at the end of this form in the presence of the doctor carrying out the examination.

B. Important Changes

Who can fill in this form - Medical examinations must be carried out by the applicant's registered General Practitioner (GP) or any registered GP / Medical Practitioner who confirms, in writing, that they have seen the applicant's medical records.

The medical examination report includes a vision assessment that must be completed by a doctor, optician or optometrist. Some doctors will be able to fill in both the vision and medical assessment sections of the report. If your doctor is unable to fully answer all the questions on the vision assessment you must have it filled in by an optician or optometrist. If you do not wear glasses to meet the eyesight standard or if you have a minus (-) eyesight prescription, your doctor may be able to complete the whole report. However, If you wear glasses to drive (not

contact lenses) and you have asked a doctor to fill in the report, you must take your current eyesight prescription to the medical assessment appointment.

C. What you need to do

- Read Section F of these guidance notes to ensure you meet the Group 2 medical standards
- Arrange an appointment to have the medical examination form completed
- Check before arranging an appointment that the doctor is able to measure your visual acuity to the 6/7.5 line of a Snellen chart and, where applicable, can confirm the strength of your glasses (dioptres) from your prescription
- Take a form of identity with you to the examination e.g. passport, driving licence
- Where applicable, take your driving glasses and your current eyesight prescription to the medical assessment appointment
- Send the completed medical certificate, vision assessment and medical examination report to Licensing Team, Shropshire Council, Shirehall, Abbey Foregate, Shrewsbury, SY2 6ND or by email to taxis@shropshire.gov.uk

D. Information for the Doctor

Please arrange for the patient to be seen and examined to at least the vocational driver medical standards. Information is available in the DVLA's "Assessing fitness to drive" booklet which is available to download at https://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals.

Please examine the applicant fully and complete the medical certificate, vision assessment (if you are able to do so) and medical examination report section of this document.

Please ensure that you confirm the applicant's identity before the examination, e.g. passport, driving licence.

Please obtain details of the applicant's medical history.

The eyesight standards are explained in Section F, 'Vision Assessment' in this booklet.

Only complete the vision assessment if you are able to fully and accurately complete all the questions. The applicant has been advised that if glasses are worn to meet the current eyesight standard for driving, they must bring their current prescription to the examination. The eyesight examination must be undertaken using the prescription currently worn for driving. If the applicant does not need glasses for driving, uses contact lenses or has a minus (-) dioptre prescription, question 2(d) of the vision assessment can be answered No. You must be able to:

- Confirm the strength of glasses (dioptres) from a prescription
- Measure the applicant's visual acuity to at 6/7.5 (decimal 0.8) of a Snellen chart

If you are unable to complete the vision assessment you must advise the applicant of this and the need for them to arrange to have this part of the assessment completed by an optician or optometrist.

Applicants who may be asymptomatic at the time of 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, Swansea, SA99 1TU immediately, and the Council.

E. Information for the Optician or Optometrist

The vision assessment can be completed by a doctor, optician or optometrist, however, in some cases the doctor may not be able to fully complete the report and will have advised the applicant to arrange an appointment with an optician or optometrist.

Please examine the applicant fully and complete questions 1-7 of the vision assessment and provide any additional information in the box provided for details, this must not be done from patient records.

Please ensure that you confirm the applicant's identity before the examination, e.g. passport, driving licence.

The eyesight standards are explained in Section F 'Vision Assessment' in this booklet.

If glasses are worn to meet the current eyesight standard for driving, the eyesight examination must be undertaken using the prescription currently worn for driving.

The applicant's visual acuity should be measured in terms of the 6 metre Snellen chart but we will also accept the LogMAR equivalent. We cannot accept a Snellen reading shown with a plus (+) or minus (-).

Applicants who may be asymptomatic at the time of 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, Swansea, SA99 1TU immediately, and the Council.

F. Group 2 Medical Standards

Medical standards for drivers of hackney carriages and private hire vehicles are higher than those required for car drivers and as such it is advised that applicants should be examined to the Group 2 medical standards.

1. Vision Assessment

Visual acuity
All drivers must be able to read in good light, with glasses or contact lenses if worn, a car number plate from 20 metres (post 01.09.2001 font) and have eyesight (visual acuity) of 6/12 (decimal Snellen equivalent 0.5) or better.

Applicants for Group 2 entitlements must also 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 (not contact lenses) are worn, the distance spectacle prescription of either lens used must not be of a corrective power greater than plus 8 (+8) dioptres in any meridian.

Monocular vision
Drivers who have sight in one eye only or their sight in one eye has deteriorated to a corrected acuity of less than 3/60 (decimal Snellen equivalent 0.05) 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 hackney carriage/private hire driver's licence.

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 30 degrees.

2. Neurological Disorders

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 without 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.

If you have had only an isolated seizure, you may be entitled to drive 5 years 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 the 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).

Shropshire Council must refuse an application or revoke the licence if you cannot meet these conditions.

You are strongly advised to discuss your eligibility to apply for a hackney carriage/private hire driver's licence with your doctor(s) before getting the medical examination report filled in.

You must also seek advise if you have had any of the following conditions:

- 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

Shropshire Council must refuse an application or revoke the licence if you cannot meet these conditions.

3. Diabetes Mellitus

Insulin treated diabetes
If you have insulin-treated diabetes you may be eligible to apply for a hackney carriage/private

hire drivers 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 continuous months of blood glucose (sugar) readings available for inspection on a blood glucose meter(s) with a memory function
- drivers undertaking blood glucose monitoring at least twice daily (even on days when not driving) and at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours while driving)

For further information, please refer to leaflet INS186 – A guide for drivers with diabetes who wish to apply for vocational entitlement. This is available to download from www.gov.uk/diabetes-driving

Sulphonylurea or glinide treated diabetes
If you have diabetes treated with a sulphonylurea or glinide for example Gliclazide, you must undertake blood glucose (sugar) monitoring at least twice daily and at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours while driving).

4. Cardiac

Other Medical Conditions
An applicant or existing licence holder is likely to be refused or have an existing licence revoked if they cannot meet the recommended medical guidelines for any of the following:

- within 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 mm/Hg systolic or more, or 100 mm/Hg diastolic or more

5. Psychiatric Illness

An applicant or existing licence holder is likely to be refused or have an existing licence revoked if they cannot meet the recommended medical guidelines for any of the following:

- psychotic illness in the past 3 years
- serious psychiatric illness
- if major psychotropic or neuroleptic medication is being taken
- dementia
- cognitive impairment likely to affect safe driving

6. Substance Misuse

An applicant or existing licence holder is likely to be refused or have an existing licence revoked if they cannot meet the recommended medical guidelines for any of the following:

- alcohol or drug misuse in the past 1 year or alcohol or drug dependence in the past 3 years

7. Sleep Disorders

Facts you should know about excessive sleepiness or tiredness and driving

There is no excuse for falling asleep at the wheel and it is not an excuse in law.

- Up to one fifth of accidents on motorways and other monotonous types of roads may be caused by drivers falling asleep at the wheel
- 18 to 30 year old males are more likely to fall asleep at the wheel when driving late at night
- Modern life styles such as early morning starts, shift work, late and night socialising, often lead to excessive tiredness by interfering with adequate rest
- Drivers who fall asleep at the wheel usually have a degree of warning
- Natural sleepiness or tiredness occurs after eating a large meal
- Changes in body rhythm produce a natural increased tendency to sleep at two parts of the day:
    - Midnight – 6am
    - 2pm – 4pm
- Although no one should drink and drive at any time, alcohol consumed in the afternoon may be twice as potent in terms of producing sleepiness and driving impairment as the same amount taken in the evening
- Prescribed or over-the-counter medication can cause sleepiness as a side effect. Always check the label if you intend to drive

Medical conditions causing sleepiness
All drivers are subject to the pressures of modern life, but many drivers are unaware that some medical conditions also cause excessive sleepiness or tiredness. These, alone or in combination with the factors mentioned previously, may be sufficient to make driving unsafe. A road traffic accident may be the first clear indication of such a sleep disorder.

If you know you have uncontrolled sleepiness you MUST not drive

Obstructive Sleep Apnoea (OSA) and Obstructive Sleep Apnoea Syndrome (OSAS)
OSAS is a condition which often goes undiagnosed. If it is not fully assessed and treated, this can cause sleepiness and other symptoms which can be a serious risk factor in road traffic accidents. For further details about how to recognise symptoms go to www.gov.uk/obstructive-sleep-apnoea-and-driving

You must tell us immediately if you are diagnosed with OSAS.

- OSAS is the most common sleep-related medical disorder
- OSAS increases the chances of a vehicle crash by about five times
- OSAS occurs most commonly, but not exclusively, in overweight individuals
- Partners often complain about snoring and notice that the sufferers have breathing pauses during sleep
- OSAS sufferers rarely wake from sleep feeling fully refreshed and tend to fall asleep easily when relaxing
- Long distance lorry and bus drivers affected by OSAS are of great concern as most will be driving on motorway type of roads and the size or nature of the vehicle gives little room for error
- Sleep apnoea affects on average about 25% of men and 10% of women
- OSAS affects on average 4% of men and 2% of women
- Sleep problems arise more commonly in older people
- Lifestyle changes, for example weight loss or cutting back on alcohol, will help ease the symptoms of OSA

- The most widely effective treatment for OSAS is Continuous Positive Airway Pressure (CPAP). This requires the patient to wear a soft face mask during sleep to regulate breathing. This treatment enables patients to have a good night's sleep, so reducing daytime sleepiness and improving concentration

Other sleep related conditions
Illnesses of the nervous system, such as Parkinson's disease, multiple sclerosis (MS), motor neurone disease (MND) and narcolepsy may also cause excessive sleepiness or fatigue although sometimes these illnesses alone may cause drivers to be unfit for driving.

Tiredness or excessive sleepiness can be a non-specific symptom of Parkinson's disease, MS, MND or may also be related to prescribed medication.

Narcolepsy also causes daytime sleepiness and tiredness as well as other symptoms that may be disabling for drivers.

8. Other Medical Conditions

An applicant or existing licence holder is likely to be refused or have an existing licence revoked if they cannot meet the recommended medical guidelines for any of the following:

- 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

After completion of the medical please send the Certificate and Medical Examination report to the Licensing Team

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Medical Certificate for Hackney Carriage and Private Hire Drivers

Name of Driver:	Date of Birth ☐☐ ☐☐ ☐☐
Address:	
Date of examination:	

☐ The applicant meets the DVLA C1 Category group 2 medical standard of fitness and is therefore **fit** to drive hackney carriage/private hire vehicles.

☐ The applicant does not meet the C1 Category group 2 medical standard of fitness and is therefore **not fit** to drive hackney carriage/private hire vehicles.

		Surgery Stamp:
Doctor's signature:		
Doctor's name (please print):		
Date of examination:		

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Medical Examination Report
Vision Assessment

To be completed by the doctor or optician/optometrist (please use black ink)
Please answer **all** questions and read the attached guidance notes to help you complete this vision assessment form

Please tick ✓ the appropriate box(es)

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

   Snellen ☐ Snellen expressed as a decimal ☐ LogMAR ☐

2. The visual acuity standard for Group 2 driving is at least 6/7.5 in one eye and at least 6/60 in the other

   a. Please provide uncorrected visual acuities for each eye

      Right ☐ Left ☐

   b. Are corrective lenses worn for driving? **Yes** ☐ **No** ☐

      If **No**, go to question 3

      If **Yes**, please provide the visual acuities using the correction worn for driving

      Right ☐ Left ☐

   c. What kind of corrective lenses are worn to meet this standard

      Glasses ☐ Contact lenses ☐ Both together ☐

   d. If glasses are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens? **Yes** ☐ **No** ☐

   e. If correction is worn for driving, is it well tolerated? **Yes** ☐ **No** ☐

      If **No**, please give full details in the question 7

3. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)? **Yes** ☐ **No** ☐

   If **Yes**, please give full details below

Yes **No**

4. Is there diplopia? ☐ ☐

   Is it controlled? ☐ ☐

   Please indicate overleaf and give full details in question 7

Patch or glasses with frosted glass ☐ Glasses with/without prism ☐ Other (if other please provide details) ☐

		Yes	No
5.	Does the applicant on questioning, report symptoms of any of the following that impairs their ability to drive?	☐	☐
	Please indicate below and give full details in question 7		
	a. Intolerance to glare (causing incapacity rather than discomfort) and/or	☐	
	b. Impaired contrast sensitivity and/or	☐	
	c. Impaired twilight vision	☐	
6.	Does the applicant have any other ophthalmic condition?	☐	☐
	If **Yes**, please give full details in question 7		

7. Details or additional information

I confirm that this report was completed by me at examination and the applicants history has been taken into consideration

Name of examining doctor / optician (print)	
Signature of examining doctor / optician	
Date of Signature	
Please provide your GOC or GMC number	
Doctor / optometrist / optician's stamp	

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Medical Examination Report

To be completed by the doctor (please use black ink)
Please answer **all** questions and read the attached guidance notes to help you complete this medical examination report

Please tick ✓ the appropriate box(es)

1. Neurological Disorders

	Yes	No
Is there a history or evidence of any neurological disorder (see conditions in questions 1 to 11 below)?	☐	☐
If **No**, go to Section 2, Diabetes Mellitus		
If **Yes**, please answer all questions below and enclose relevant hospital notes		
1. Has the applicant had any form of seizure?	☐	☐
a. Has the applicant had more than one attack?	☐	☐
b. If Yes, please give date of first and last attack		
First attack ☐☐ ☐☐ ☐☐		
Last attack ☐☐ ☐☐ ☐☐		
c. Is the applicant currently on anti-epileptic medication If **Yes**, please fill in current medication in **Section 8**	☐	☐
d. If no longer treated, when did the treatment end? ☐☐ ☐☐ ☐☐		
e. Has the applicant had a brain scan? If **Yes**, please give details in **section 9**	☐	☐
f. Has the applicant had an EEG?	☐	☐
If you have answered **Yes** to any of the above, please supply medical reports if available		
2. Has the applicant had an episode(s) of non-epileptic attack disorder?	☐	☐
a. If Yes, please give the date of the most recent episode ☐☐ ☐☐ ☐☐		
b. If Yes, have any of these episodes occurred, or are they likely to occur, whilst driving?	☐	☐
3. Stroke or TIA	☐	☐
If Yes, please give the date ☐☐ ☐☐ ☐☐		
a. Has there been a **full** recovery?	☐	☐

		Yes	No
b.	Has a carotid ultra sound been undertaken?	☐	☐
c.	If Yes, was the carotid artery stenosis >50% in either carotid artery?	☐	☐
d.	Is there a history of multiple strokes/TIAs?	☐	☐
4.	Sudden and disabling dizziness or vertigo within the last year with a liability to recur?	☐	☐
5.	Subarachnoid haemorrhage?	☐	☐
6.	Serious traumatic brain surgery within the last 10 years?	☐	☐
7.	Any form of brain tumour?	☐	☐
8.	Other brain surgery or abnormality?	☐	☐
9.	Chronic neurological disorders?	☐	☐
10.	Parkinson's disease?	☐	☐
11.	Blackout or impaired consciousness within the last 10 years?	☐	☐

2. Diabetes Mellitus

		Yes	No
Does the applicant have diabetes mellitus? If **No**, please go to Section 3, Cardiac If **Yes**, please answer all questions below		☐	☐
1.	Is the diabetes managed by:		
a.	Insulin? If No, go to question 1c If Yes, please give date started on insulin ☐☐ ☐☐ ☐☐	☐	☐
b.	Are there at least 3 continuous months of blood glucose readings stored on a memory meter(s)? If No, please give details in section 9	☐	☐
c.	Other injectable treatments?	☐	☐
d.	A Sulphonylurea or a Glinide?	☐	☐
e.	Oral hypoglycaemic agents and diet? If **Yes** to any of a-e, please fill in current medication in section 8	☐	☐
f.	Diet only?	☐	☐
2. a.	Does the applicant test blood glucose at least twice every day?	☐	☐
b.	Does the applicant test at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours while driving)?	☐	☐
c.	Does the applicant keep fast acting carbohydrate within easy reach when driving?	☐	☐
d.	Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?	☐	☐
3.	Is there full awareness of hypoglycaemia?	☐	☐

4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? ☐ ☐

   If Yes, please give details and dates below

5. Is there evidence of:
   a. Loss of visual field? ☐ ☐
   b. Severe peripheral neuropathy, sufficient to impair limb function for safe driving? ☐ ☐

   If Yes, please give details in section 9

6. Has there been laser treatment or intra-vitreal treatment for retinopathy? ☐ ☐

   If Yes, please give most recent date of treatment ☐☐ ☐☐ ☐☐

3 Cardiac

3a Coronary Artery Disease

	Yes	No
Is there a history or evidence of coronary artery disease? If **No**, please go to **Section 3b, Cardiac Arrhythmia** If **Yes,** please answer all questions below and enclose relevant hospital notes	☐	☐
1. Has the applicant suffered from angina?	☐	☐
If Yes, please give the date of the last known attack ☐☐ ☐☐ ☐☐		
2. Acute coronary syndrome including myocardial infarction	☐	☐
If Yes, please give date(s) ☐☐ ☐☐ ☐☐		
3. Coronary angioplasty (PCI)	☐	☐
If Yes, please give the date of most recent intervention ☐☐ ☐☐ ☐☐		
4. Coronary artery by-pass graft surgery?	☐	☐
If Yes, please give date ☐☐ ☐☐ ☐☐		
5. If Yes to any of the above, are there any physical health problems or disabilities (e.g. mobility, arthritis or COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT? Please give details below	☐	☐

3b Cardiac Arrhythmia

	Yes	No
Is there a history or evidence of cardiac arrhythmia? If **No**, please go to **Section 3c, Peripheral Arterial Disease**	☐	☐

If **Yes** please answer all questions below and enclose relevant hospital notes

1. Has there been a **significant** disturbance of cardiac rhythm (e.g. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter or 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 (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/cardiac resynchronisation therapy pacemaker (CRT-D Type) been implanted? ☐ ☐
4. Has a pacemaker or a biventricular pacemaker/ cardiac resynchronisation therapy pacemaker (CRT-D Type) been implanted? ☐ ☐
   If **Yes:**
   a. Please give date of implantation ☐☐ ☐☐ ☐☐
   b. Is the applicant free of the symptoms that caused the device to be fitted? ☐ ☐
   c. Does the applicant attend a pacemaker clinic regularly? ☐ ☐

3c Peripheral Arterial Disease (excluding Buerger's Disease) Aortic Aneurysm/Dissection

	Yes	No
Is there a history or evidence of peripheral arterial disease (excluding Buerger's disease), aortic aneurysm or dissection?	☐	☐

If **No**, go to **Section 3d, Valvular/Congenital Heart Disease**
If **Yes**, please answer all questions below and enclose relevant hospital notes

1. Peripheral arterial disease? (excluding Buerger's disease) ☐ ☐
2. Does the applicant have claudication? ☐ ☐
   If Yes, would the applicant be able to undertake 9 minutes of the standard Bruce Protocol ETT? ☐ ☐
3. Aortic aneurysm ☐ ☐
   If **Yes:**
   a. Site of Aneurysm: Thoracic ☐ Abdominal ☐
   b. Has it been repaired successfully? ☐ ☐
   c. Please provide latest transverse aortic diameter measurement and date obtained using measurement and date boxes
      ☐.☐ cm ☐☐ ☐☐ ☐☐
4. Dissection of the aorta repaired successfully? ☐ ☐
   If Yes, please provide copies of all reports including those dealing with any surgical treatment
5. Is there a history of Marfans's disease? ☐ ☐
   If Yes, please provide copies of relevant hospital notes

3d Valvular/Congenital Heart Disease

	Yes	No
Is there a history or evidence of valvular or congenital heart disease?	☐	☐
If **No**, please go to **Section 3e, Cardiac Other** If **Yes**, please answer all questions below and enclose relevant hospital notes		
1. Is there a history of congenital heart disorder?	☐	☐
2. Is there a history of heart valve disease?	☐	☐
3. Is there a history of aortic stenosis? If Yes, please provide relevant reports including echocardiogram)	☐	☐
4. Is there any history of embolism? (**not** pulmonary embolism)	☐	☐
5. Does the applicant currently have significant symptoms?	☐	☐
6. Has there been any progression since the last licence application? (if relevant)	☐	☐

3e Cardiac Other

	Yes	No
Is there a history or evidence of heart failure?	☐	☐
If **No**, go to **Section 3f, Cardiac Channelopathies** If Yes, please answer all questions and enclose relevant hospital notes		
1. Please provide the NYHA class, if known		
2. Established cardiomyopathy? If Yes, please give details in section 9	☐	☐
3. Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted?	☐	☐
4. A heart or heart/lung transplant?	☐	☐
5. Untreated atrial myxoma?	☐	☐

3f Cardiac Channelopathies

	Yes	No
Is there a history or evidence of the following conditions?	☐	☐
If **No**, go to **Section 3g, Blood Pressure**		
1. Brugada syndrome?	☐	☐
2. Long QT syndrome?	☐	☐
If Yes to either, please give details in section 9 and enclose relevant hospital notes		

3g Blood Pressure

All questions must be answered

If resting blood pressure is 180 mm/Hg systolic or more and/or 100 mm/Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided

1. Please record today's best resting blood pressure reading | / |

	Yes	No
2. Is the applicant on anti-hypertensive treatment?	☐	☐

If Yes, provide three previous readings with dates

/	☐☐	☐☐	☐☐
/	☐☐	☐☐	☐☐
/	☐☐	☐☐	☐☐

3. Is there a history of malignant hypertension?	☐	☐

If Yes, please give details in section 9 (including date of diagnosis and any treatment etc)

3h Cardiac Investigations

	Yes	No
Have any cardiac investigations been undertaken or planned?	☐	☐

If **No**, go to **Section 4, Psychiatric Illness**
If **Yes**, please answer questions 1 to 7
If **Yes** to questions 2 to 6, please give dates in the boxes provided , give details in section 9 and enclose relevant hospital notes

1. Has a resting ECG been undertaken?		☐	☐
If Yes, does it show:			
a. pathological Q waves?		☐	☐
b. left bundle branch block?		☐	☐
c. right bundle branch block?		☐	☐
If yes to a, b or c please provide a copy of the relevant ECG report or comment at section 9			
2. Has an exercise ECG been undertaken (or planned)?	☐☐ ☐☐ ☐☐	☐	☐
3. Has an echocardiogram been undertaken (or planned)?	☐☐ ☐☐ ☐☐	☐	☐
If undertaken, is or was the left ejection fraction greater than or equal to 40%?		☐	☐
4. Has a coronary angiogram been undertaken (or planned)?	☐☐ ☐☐ ☐☐	☐	☐
5. Has a 24 hour ECG tape been undertaken (or planned)?	☐☐ ☐☐ ☐☐	☐	☐
6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)?	☐☐ ☐☐ ☐☐	☐	☐
7. Date last seen by a consultant specialist for any cardiac condition declared	☐☐ ☐☐ ☐☐		

4. Psychiatric Illness

	Yes	No
Is there a history or evidence of psychiatric illness within the last 3 years?	☐	☐

If **No**, go to **Section 5, Substance Misuse**
If **Yes**, please answer all questions below

1.	Significant psychiatric disorder within the past 6 months. If Yes, please confirm condition	☐	☐
2.	Psychosis or hypomania/mania within the past 12months, including psychotic depression	☐	☐
3.	Dementia or cognitive impairment	☐	☐

5. Substance Misuse

	Yes	No
Is there a history of drug/alcohol misuse or dependence?	☐	☐

If **No**, go to **Section 6, Sleep Disorders**
If **Yes**, please answer all questions below

1.	Is there a history of alcohol dependence in the past 6 years?	☐	☐
	a. Is it controlled?	☐	☐
	b. Has the applicant undergone an alcohol detoxification programme?		
	If Yes, give date started ☐☐ ☐☐ ☐☐		
2.	Persistent alcohol misuse in the past 3 years?	☐	☐
	a. Is it controlled?	☐	☐
3.	Persistent misuse of drugs or other substances in the past 6 years?	☐	☐
	a. If Yes, the type of substance misused?		
	b. Is it controlled?	☐	☐
	c. Has the applicant undertaken an opiate treatment programme?	☐	☐
	If Yes, give date started ☐☐ ☐☐ ☐☐		

6. Sleep Disorders

		Yes	No
1.	Is there a history or evidence of Obstructive Sleep Apnoea Syndrome or any other medical condition causing excessive day time sleepiness?	☐	☐

If **No**, go to **Section 7, Other Medical Conditions**
If **Yes**, please give diagnosis and answer all questions below

a. If Obstructive Sleep Apnoea Syndrome please indicate the severity:

Mild (AHI<15) ☐

Moderate (AHI 15-29) ☐

Severe (AHI>29) ☐

Not known ☐

b. Please answer all questions (i) to (vi) for **all** sleep conditions

(i) Date of diagnosis ☐☐ ☐☐ ☐☐

(ii) Is it controlled successfully? ☐ ☐

(iii) If Yes, please state treatment

(iv) Is applicant compliant with treatment? ☐ ☐

(v) Please state period of control

years months

(vi) Date of last review ☐☐ ☐☐ ☐☐

2. Is there a history or evidence of narcolepsy? ☐ ☐

7 Other Medical Conditions

		Yes	No
1.	Is there currently any functional impairment that is likely to affect control of the vehicle?	☐	☐
2.	Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally?	☐	☐
3.	Is there any illness that may cause significant fatigue or cachexia that affects safe driving?	☐	☐
4.	Is the applicant profoundly deaf?	☐	☐
	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?	☐	☐
	If Yes, is this the result of alcohol misuse?	☐	☐
	If Yes, please give details in section 9		
6.	Is there a history of renal failure?	☐	☐
	If Yes, please give details in section 9		
7.	Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia?	☐	☐
8.	Does any medication currently taken cause the applicant side effects that could affect safe driving?	☐	☐
	If Yes, please provide details of medication in section 8 and give symptoms in section 9		
9.	Does the applicant have any other medical condition that could affect safe driving? If Yes, please provide details in section 9	☐	☐

8 Medication

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

Medication	Dosage
Reason for taking:	
Date started: ☐☐ ☐☐ ☐☐	

Medication	Dosage
Reason for taking:	
Date started: ☐☐ ☐☐ ☐☐	

Medication	Dosage
Reason for taking:	
Date started: ☐☐ ☐☐ ☐☐	

Medication	Dosage
Reason for taking:	
Date started: ☐☐ ☐☐ ☐☐	

Medication	Dosage
Reason for taking:	
Date started: ☐☐ ☐☐ ☐☐	

9 Further Details

Please send us copies of relevant hospital notes. **PLEASE DO NOT** send any notes not related to fitness to drive. Use the space below to provide additional information.

10 Consultants' Details

Please provide details of type of specialist(s)/consultants, including address (continue on a separate sheet if necessary)

Consultant in
Name
Address
Date of last appointment ☐☐ ☐☐ ☐☐

Consultant in
Name
Address
Date of last appointment ☐☐ ☐☐ ☐☐

11 Examining Doctor's Signature and Stamp (please print name and address in capital letters)

To be completed by the doctor carrying out the examination
Please ensure all sections of the form have been completed. Failure to do so will result in the form being rejected

Name
Address
Telephone
Email address
Fax number

Surgery Stamp

Please tick ✓ Yes

- I confirm that this report was completed by me at examination and that I have taken the applicants history into account. I confirm that I am currently GMC registered and licensed to practice in the UK or I am a doctor who is registered to practice medicine within the EU, if the report was completed outside of the UK. ☐
- I confirm that I have seen and consulted the applicant's original medical records and that all the details provided are correct. ☐

GMC Registration Number

Signature of medical practitioner

Date of examination ☐☐ ☐☐ ☐☐

If you have filled in both the vision and medical assessments, both sections must be signed and dated.

12 Applicants Details

To be filled in in the presence of the doctor carrying out the examination

Your full name
Your address
Email address

Date of birth ☐☐ ☐☐ ☐☐

Home phone number

Work/daytime number

About your own doctor/group practice

Doctor/group name
Address
Phone
Email address
Fax number

13 Applicant's consent and declaration

Consent and declaration

This section **MUST** be filled in and must **NOT** be altered in any way.
Please read the following important information carefully then sign to confirm the statements below.

Important information about consent

On occasion, as part of the investigation into your fitness to drive, Shropshire Council may require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your background medical details to undertake an appropriate and adequate assessment. Such personnel might include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. Only information relevant to the medical assessment of your fitness to drive will be released.

Consent and declaration

I authorise my doctor(s) and specialist(s) to release reports and/or medical information about my condition relevant to fitness to drive to Shropshire Council.

I authorise Shropshire Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to drive, to doctors, paramedical staff and Panel members, and to release to my doctor(s) details of the outcome of my case and any relevant medical information.

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

I understand that it is a criminal offence if I make a false declaration in order to obtain a hackney carriage/private hire drivers' licence and can lead to prosecution.

Signature	
Name	
Date	

After completion of the medical please send the Medical Certificate, Vision Assessment and Medical Examination Report to:
taxis@shropshire.gov.uk, or by post to
Licensing Team, Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ