Leicester City Council

Medical Examination Form

Application for a licence to Drive Hackney Carriages

or Private Hire Vehicles

Notes & Guidance

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

Both assessments must take place no more than four months before the date of your application and the date the assessment form is received by the Council

The Council is not responsible for any fees that you may pay to a doctor and or optician/optometrist and or other medical specialist, even if you are unable to meet the Group 2 medical fitness to driver standard.

You may be required to take a form of photographic identity to the examination, for example your passport or DVLA driving licence

New Drivers

All driver applications are subject to a full Group II Medical Assessment completed by his/her registered GP who has access to the applicants' medical records

Renewal Drivers

Any driver renewing a licence is subject to a further medical on attaining the age of 45, 50, 55, 60, and 65, then annually if they continue to hold a licence. The medical will be requested with their renewal application and not on their birthday.

General

An applicant/driver with an on-going medical condition, i.e. diabetes, or has a heart condition, will be required to provide an annual medical regardless of age.

During the life of a licence;

(i) a driver diagnosed with a new medical condition or

(ii) a driver who has an existing condition which develops (and may affect their ability to drive)

is required to inform the licensing authority immediately. In these circumstances a further Medical may be required. Licence renewals will not be processed where a Medical Assessment has not been received. Applicants/drivers should ensure that they have allowed plenty of time to book GP appointment(s).

The medical part of this form MUST be completed by the applicant's registered GP or a doctor within that surgery. If this is not possible you must contact the Licensing Authority for advice

A. Information for the doctor
(all guidance from DVLA Group 2 Standards)

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 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.

- **You must be able to confirm the strength of glasses (dioptres) from a prescription.**
- **You must be able to measure the applicant's visual acuity to at least 6/7.5 (decimal 0.8) of a Snellen chart** (you may need to purchase a new Snellen chart in order to do this).
- You must convert any 3 metre readings to the 6 metre equivalent.
- We cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3.
- We have advised the applicant that if they wear glasses to meet the required eyesight standard for driving they must bring their current prescription to the assessment.
- **If an applicant does not need glasses for driving or they use contact lenses or if they have a minus (-) dioptre prescription, question 5 of the vision assessment can be answered "No".**
- Both examinations must have taken place and have been signed and dated by the doctor and optician/ optometrist no more than 4 months before the date the application is received by Leicester City Council.
- The eyesight examination must be undertaken using the correction currently worn for driving. However, if the prescription has not changed and the acuity standards can be met, the prescription does not need to have been dated within the last 4 months.

Confirming identity

- Please ensure that you confirm the applicant's identity before examination. We have advised the applicant of the need to produce identification.

Examining the applicant

- You must examine the applicant fully and complete sections 1 – 10 of the medical assessment.
- Make sure you fill in all sections, including consultant details in section 7 of the form and the surgery/practice stamp and your GMC registration number in section 10.
- Please obtain details of the applicant's medical history when you complete the report.
- Any amendments must be signed and dated.
  If the patient has a medical condition affecting their visual field, Leicester City Council will commission formal visual field testing at a later date.
- Details of any condition which has not been covered by the report should be given in section 6.

1. Eyesight **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.

If you cannot meet the above standard we may still be able to issue a Group 2 licence if:

- You held a Group 2 licence on 31 December 1996
- have a corrected visual acuity of at least 6/9 (decimal Snellen equivalent 0.6) in the better eye and 6/12 (decimal Snellen equivalent 0.5) in the worse eye, and
- An uncorrected visual acuity of 3/60 (decimal Snellen equivalent 0.05) in at least one eye.
  or
- You held a Group 2 licence on 1 March 1992
- You have a corrected visual acuity of at least 6/12 (decimal Snellen equivalent 0.5) using both eyes together
- have an uncorrected visual acuity of at least 3/60 (decimal Snellen equivalent 0.05) in at least one eye.

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.

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. The exceptions are:

1. You were licensed to drive Group 2 vehicles before
   1 April 1991 and the Traffic Commissioner who issued the licence knew that you had sight in only one eye before 1 January 1991. You must have:
   - a visual acuity of at least 6/12 (decimal Snellen equivalent 0.5) if you held a Group 2 licence on 1 April 1983, or
   - 6/9 (decimal Snellen equivalent 0.6) if you were licensed after that date, and

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 without taking anti-epilepsy medication for 10 years.

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

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(s) with a memory function.

4. Other medical conditions

An applicant or existing licence holder is likely to be refused a licence 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 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 or 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.

5. Facts you should know about excessive sleepiness/ tiredness and driving

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/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.

Obstructive Sleep Apnoea Syndrome (OSAS)

- OSAS is the most common sleep-related medical disorder. • OSAS significantly increases the risk of traffic accidents.
- 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.
- At least four in every hundred men have OSAS.
- 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/tiredness as well as other symptoms that may be disabling for drivers.

Further Notes

An applicant (or existing licence holder) failing to meet the Epilepsy, Diabetes, or Eyesight Standards will be refused a licence.

If you have any queries, contact:

Leicester City Licensing Authority, York House, 91 Granby Street, Leicester, LE1 6FB

0116 454 3030 / licensing@leicester.gov.uk

Medical Examination Form

Application for a licence to Drive Hackney Carriages or Private Hire Vehicles

Do not complete the vision assessment until you have read the following

Important information for applicant's doctors

Please read and follow the information below before deciding if you are able to **fully** and **accurately** fill in the vision assessment. **If you are unable to do this, you must tell the applicant that they will need to ask an optician or optometrist to fill it in.**

We will make a decision based on the information you provide.

What you need to assess

If glasses (not contact lenses) are worn for driving, you MUST be able to establish the dioptre measurement of the correction used. If the correction is greater than +8 dioptres in any meridian of either lens, we may not be able to issue the applicant a licence.

Applicants for Group 2 entitlements 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 other eye
- This may be achieved with or without glasses or contact lenses
- We cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3

Before you fill in this report please:

- check the applicant's identity
- read the information guide at the front of this form

The applicant is responsible for any fee payable for completion of the assessment.
Leicester City Council will not be liable for any costs involved.

Please note that if you complete the vision assessment as well as the medical assessment, you must sign and date **both** parts of the form.

Medical Examination Form

Vision assessment

To be filled in by applicant's doctor or optician/optometrist.

You MUST read the guidance notes before completing this report.

If correction is needed to meet the eyesight standard for driving, ALL questions must be answered. If correction is NOT needed, questions 5 and 6 can be ignored.

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

Snellen ☐

2. Is the visual acuity at least 6/7.5 in the better eye and at least 6/60 in the other eye (corrective lenses may be worn to meet this standard) **YES** ☐ **NO** ☐

3. Were corrective lenses worn to meet this standard? **YES** ☐ **NO** ☐

If **Yes**, glasses ☐ contact lenses ☐ both together ☐

4. Please state the visual acuity of each eye.

Please convert any 3 metre readings to the 6 metre equivalent.

Uncorrected		**Corrected** (using the prescription worn for driving)	
R	L	R	L

5. If **glasses** (not contact lenses) are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens? ☐ ☐

6. If correction is worn for driving, is it well tolerated? ☐ ☐

If **No**, please give full details in the box provided

If you answer yes to any of the following give details in the box provided.

7. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)? ☐ ☐

If formal visual field testing is considered necessary, Leicester City Council will commission this at a later date

8. Is there diplopia? ☐ ☐

(a) Is it controlled? ☐ ☐

If **yes**, please give full details in the box provided

9. Does the applicant on questioning, report symptoms of intolerance to glare and/or impaired contrast sensitivity and/or impaired twilight vision? ☐ ☐

10. Does the applicant have any other ophthalmic condition? ☐ ☐

Details/additional information

Date of eyesight examination if different to date of signature D D M M Y Y

Name of examining doctor/optician (print)

Signature of examining doctor/optician

Date of signature

Please provide your GOC, HPC or GMC number

Doctor/Optometrist/Optician's stamp

Applicant's full name **Date of birth** D D M M Y Y

Please do not detach this page

Medical Examination Form

Medical assessment

Must be filled in by applicant's registered doctor

- Please check the applicant's identity before you proceed.
- Please ensure you fully examine the applicant as well as taking the applicant's history.
- **Please answer all questions**, and read the notes at the front of this form to help you complete this form

1 Nervous system

Questions 1-4 below MUST be answered.

Please tick ✓ the appropriate box(es) YES NO

1. Has the applicant had any form of seizure? ☐ ☐
If **NO,** please go to **question 2 below**

(a) Has the applicant had more than one attack? ☐ ☐

(b) Please give date of first and last attack
First attack D D M M Y Y
Last attack D D M M Y Y

(c) Is the applicant currently on anti-epileptic medication? ☐ ☐
If **YES,** please fill in current medication in **section 8**

(d) If no longer treated, please give date when treatment ended D D M M Y Y

(e) Has the applicant had a brain scan? ☐ ☐
If **YES,** please give details in **section 6**

(f) Has the applicant had an EEG? ☐ ☐
If **YES** to any of above, please supply reports if available.

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**

3. Does the applicant suffer from narcolepsy? ☐ ☐
If **YES,** please give date(s) and details in **section 6**

4. Is there a history of, or evidence of **ANY** conditions listed at a-h? ☐ ☐
If **NO,** go to **section 2**
If **YES**, please give full details in **section 6** and supply relevant reports

(a) Stroke or TIA ☐ ☐
If **YES**, please give date D D M M Y Y
Has there been a **full** recovery? ☐ ☐
Has a carotid ultra sound been undertaken? ☐ ☐

(b) Sudden and disabling dizziness/vertigo within the last year with a liability to recur ☐ ☐

(c) Subarachnoid haemorrhage ☐ ☐

(d) Serious traumatic brain injury within the last 10 years ☐ ☐

(e) Any form of brain tumour ☐ ☐

(f) Other brain surgery or abnormality ☐ ☐

(g) Chronic neurological disorders ☐ ☐

(h) Parkinson's disease ☐ ☐

2 Diabetes mellitus

YES NO

1. Does the applicant have diabetes mellitus? ☐ ☐
If **NO,** go to **section 3**
If **YES,** please answer the following questions.

2. Is the diabetes managed by:-

(a) Insulin? ☐ ☐
If **YES**, please give date started on insulin
D D M M Y Y

(b) If treated with insulin, are there at least 3 months of blood glucose readings stored on a memory meter(s)? ☐ ☐
If **NO**, please give details in **section 6**

(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? ☐ ☐

3. (a) Does the applicant test blood glucose at least twice every day? ☐ ☐

(b) Does the applicant test at times relevant to 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? ☐ ☐

4. Is there any evidence of impaired awareness of hypoglycaemia? ☐ ☐

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

6. Is there evidence of:-(a)
Loss of visual field? ☐ ☐

(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving? ☐ ☐

If **YES** to any of 4-6 above, please give details in **section 6**

7. Has there been laser treatment or intra-vitreal treatment for retinopathy? ☐ ☐
If **YES**, please give date(s) of treatment.

Applicant's full name _____ **Date of birth** D D M M Y Y

3 Psychiatric illness

All questions must be answered

- Please enclose relevant hospital notes
- If applicant remains under specialist clinic(s), ensure details are given in **section 7**.

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

	YES	NO
1. Significant psychiatric disorder within the past 6 months	☐	☐
2. Psychosis or hypomania/mania within the past 3 years, including psychotic depression	☐	☐
3. Dementia or cognitive impairment	☐	☐
4. Persistent alcohol misuse in the past 12 months	☐	☐
5. Alcohol dependence in the past 3 years	☐	☐
6. Persistent drug misuse in the past 12 months	☐	☐
7. Drug dependence in the past 3 years	☐	☐

If yes to ANY of questions 4-7, please state how long this has been controlled

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

4 Cardiac

4a Coronary artery disease

	YES	NO
Is there a history of, or evidence of, coronary artery disease?	☐	☐

If **NO,** go to **section 4b**

If **YES,** please answer all questions below and give details at **section 6** of the form and enclose relevant hospital notes.

1. Has the applicant suffered from angina? ☐ ☐

If **YES**, please give the date of the last known attack D D M M Y Y

2. Acute coronary syndrome including myocardial infarction? ☐ ☐

If **YES**, please give date D D M M Y Y

3. Coronary angioplasty (P.C.I.) ☐ ☐

If **YES**, please give date of most recent intervention D D M M Y Y

4. Coronary artery by-pass graft surgery? ☐ ☐

If **YES**, please give date D D M M Y Y

4b Cardiac arrhythmia

	YES	NO
Is there a history of, or evidence of, cardiac arrhythmia?	☐	☐

If **NO**, go to **section 4c**

If **YES**, please answer all questions below and give details in **section 6**

	YES	NO
1. Has there been a **significant** disturbance of cardiac rhythm? i.e. Sinoatrial 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 (CRT-D type) been implanted?	☐	☐
4. Has a pacemaker been implanted?	☐	☐

If **YES:-**

(a) Please supply date of implantation D D M M Y Y

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

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

4c Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/ dissection

	YES	NO
Is there a history of, or evidence of, **ANY** of the following:	☐	☐

If **NO**, go to **section 4d**.
If **YES**, please answer all questions below and give details in **section 6**

	YES	NO
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?

Please give details

3. Aortic aneurysm ☐ ☐

If **YES:**

(a) Site of Aneurysm: Thoracic ☐ Abdominal ☐

(b) Has it been repaired successfully? ☐ ☐

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

If **NO**, please provide latest measurement and date obtained

D D M M Y Y

4. Dissection of the aorta repaired successfully ☐ ☐

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

5. Is there a history of Marfan's disease? ☐ ☐

If **YES**, provide relevant hospital notes

Applicant's full name **Date of birth** D D M M Y Y

4d Valvular/congenital heart disease

YES NO

Is there a history of, or evidence of, valvular/congenital heart disease? ☐ ☐

If **NO**, go to **section 4e**

If **YES**, please answer all questions below and give details in **section 6** of the form.

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
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) ☐ ☐

4e Cardiac other

Does the applicant have a history of **ANY** of the following conditions: YES ☐ NO ☐

If **NO**, go to **section 4f**

If **YES,** please answer **ALL** questions and give details in **section 6**

(a) a history of, or evidence of, heart failure? ☐ ☐

(b) established cardiomyopathy? ☐ ☐

(c) has a left ventricular assist device (LVAD) been implanted? ☐ ☐

(d) a heart or heart/lung transplant? ☐ ☐

(e) untreated atrial myxoma ☐ ☐

4f Cardiac investigations

All questions must be answered YES NO

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 6***
2. Has an exercise ECG been undertaken (or planned)? ☐ ☐
   If **YES**, please give date and give details in **section 6** D D M M Y Y
   Please provide relevant reports if available

YES NO

3. Has an echocardiogram been undertaken (or planned)? ☐ ☐
   (a) If **YES**, please give date and give details in **section 6** D D M M Y Y
   (b) If undertaken, is/was the left ejection fraction greater than or equal to 40%? ☐ ☐
   Please provide relevant reports if available
4. Has a coronary angiogram been undertaken (or planned)? ☐ ☐
   If **YES**, please give date and give details in **section 6** D D M M Y Y
   Please provide relevant reports if available
5. Has a 24 hour ECG tape been undertaken (or planned)? ☐ ☐
   If **YES**, please give date and give details in **section 6** D D M M Y Y
   Please provide relevant reports if available
6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)? ☐ ☐
   If **YES**, please give date and give details in **section 6** D D M M Y Y
   Please provide relevant reports if available

4g Blood pressure

1. Please record today's blood pressure reading

YES NO

2. Is the applicant on anti-hypertensive treatment? ☐ ☐
   If **YES** provide three previous readings with dates if available

	D D M M Y Y
	D D M M Y Y
	D D M M Y Y

Applicant's full name **Date of birth** D D M M Y Y

5 General

All questions must be answered

If **YES** to any, give full details in section 6 — **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,** please give details in **section 6**

6. Is there a history of renal failure? ☐ ☐
   If **YES,** please give details in **section 6**

7. Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive day time sleepiness? ☐ ☐
   If **YES**, please give diagnosis

   Please give

   (i) Date of diagnosis D D M M Y Y

   (ii) Is it controlled successfully? ☐ ☐

   (iii) If **YES**, please state treatment

   (iv) Please state period of control

   (v) Date last seen by consultant D D M M Y Y

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? ☐ ☐
    If **YES**, please provide details in **section 6**

11. Does the applicant have any other medical condition that could affect safe driving? ☐ ☐
    If **YES**, please provide details in **section 6**

6 Further details

Please forward copies of relevant hospital notes. PLEASE DO NOT send any notes not related to fitness to drive.

Applicant's full name **Date of birth** D D M M Y Y

7 Consultants' details

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

Consultant in
Name
Address

Date of last appointment D D M M Y Y

Consultant in
Name
Address

Date of last appointment D D M M Y Y

Consultant in
Name
Address

Date of last appointment D D M M Y Y

8 Medication

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

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

9 Additional information

Patient's weight (kg)

Height (cms)

Details of smoking habits, if any

Number of alcohol units taken each week

Examining doctor's details

To be filled in by 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.

10 Doctor's details (please print name and address in capital letters)

Name
Address
Telephone
Email address
Fax number

Surgery stamp

I confirm that this report was completed at examination and that I am currently GMC registered and licensed to practise in the UK and I am the applicants registered GP/Surgery GP and have had full access to the applicant's full medical records.

GMC registration number

Signature of medical practitioner

Date of examination D D M M Y Y

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

Applicant's full name **Date of birth** D D M M Y Y

Applicant's details

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

Please make sure that you have printed your name and date of birth on each page before sending this form with your application

11 Your details

Your full name
Your address

Date of birth D D M M Y Y

Home phone number

Work/daytime number

About your registered doctor/group practice

Doctor Name
Surgery Name
Address
Phone
Email address
Fax number

12 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, Leicester City 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 assessment of your fitness to drive will be released.

Consent and declaration

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

I authorise Leicester City 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.

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 to obtain a driving licence and can lead to prosecution.
I authorise Leicester City Council to inform my doctor(s) of the outcome of my case
I authorise Leicester City Council to release reports to my doctor(s)

Name

Signature

Date

Applicant's full name **Date of birth** D D M M Y Y