



# Medical Exemption – Wheelchair

Application for a medical exemption from transporting wheelchairs on medical grounds, from the duties placed on licensed Hackney Carriage and Private Hire drivers by the Equality Act 2010.

The Council will not accept a medical certificate that is more than three months old from the date of completion.

## OBLIGATIONS ON LICENSED TAXI DRIVER TO CARRY DISABLED PERSONS USING WHEELCHAIRS

The Council is committed to an accessible public transport system in which disabled people can enjoy the same opportunities to travel as other members of society. Taxis are a vital link in the accessible transport chain and it is important that disabled people who use wheelchairs can have confidence that the taxi they find on a rank, or hail on the street, will accept them and carry them in their wheelchair at no extra charge.

All licensed drivers of designated hackney carriage and private hire vehicles have to carry persons using wheelchairs unless they are in possession of an exemption certificate.

The Council has determined that it shall provide an exemption to these duties to drivers who have medical conditions which prevent them from assisting people in wheelchairs. The Council is responsible for issuing exemption certificates and needs to be satisfied that it is appropriate to do so on medical grounds.

Applicant details	
Full name of applicant	
Date of birth	
Address	
Post code	
Telephone No.	
Email	
Hackney Carriage/Private Hire driver licence No.	

### Applicants Declaration

I declare that the information contained within this application is true to the best of my knowledge and belief. I also hereby permit Preston City Council to make enquiries with my examining doctor to verify my application. I also accept that if my exemption is granted by Preston City Council, any misuse of the exemption granted to me may result in the withdrawal of that exemption and/or prosecution.

Signature of applicant:	Date:
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**FOR COMPLETION BY GENERAL PRACTITIONER OR MEDICAL SPECIALIST ONLY**

Details of Examining Doctor	
Doctors name	
Surgery Address	
Post Code	
Telephone No.	

Details of Medical Condition		
In your opinion, does this person have a medical condition which <b>PREVENTS</b> him/her from assisting wheelchair users?	Yes	No
If "yes" to question above, please give details of condition		
Does the patient still satisfy DVLA Group II Driver Medical Standards?	Yes	No

Recommended Period of Exemption		
Are you recommending a life exemption?	Yes	No
Are you recommending for a temporary exemption?	Yes	No
If you are recommending a temporary exemption, please state the period it is recommended to last.		
Signature of Doctor		Date

**Important Notes**

The full guidance for driver DVLA driver medical standards of fitness to drive can be found at the following hyperlink:

<https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>

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