

Checked by (Officer initials):	
Date Received:	
Licence/APP Ref No:	



MEDICAL EXAMINATION REPORT GROUP 2 LICENCE ENTITLEMENT FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS

**PRESTON CITY COUNCIL
LICENSING SERVICES
ENVIRONMENTAL HEALTH DEPARTMENT
TOWN HALL
LANCASTER ROAD
PRESTON
PR1 2RL
Tel: 01772 906910
Email: taxilicensing@preston.gov.uk**

Guidance for applicants for a private hire / hackney carriage driver's licence

When is a medical required?

- All applications for a hackney carriage and / or private hire driver's licence must be accompanied by a satisfactory medical report to the **DVLA Group 2 medical standards**. This is regardless of the age of the applicant.
- A medical will be required on submission of a new application and every 3 years thereafter (on renewal), until the age of 65. From age 65 onwards a medical will be required annually.
- Some medical conditions will need an annual medical certificate or an annual letter from a Doctor indicating that a current medical condition is under control and remains stable.

*Please check that this medical examination report form ("this form") is the most **recent version** by visiting the following web address and checking the version date: www.preston.gov.uk/taxidriver. Information about the Group 2 medical standards can be found in the DVLA's leaflet '**INF4D**'.

Completion of this form

This form is based on the DVLA D4 medical examination form for a Group 2 licence. The medical must be completed by a GP (Doctor) that has access to the applicant's medical record.

This form should be completed in block capitals using **black ink**. The applicant must complete sections 13 and 14 of this form in front of the GP (Doctor) who is carrying out the medical assessment.

Guidance for the GP (Doctor) completing this form

Please check the applicant's identity before you proceed with the medical assessment and specify the type of identification provided by the applicant on page 8 of this form. Also, complete the applicant's full name and date of birth at the bottom of each page to this form. Please answer all questions, including sections 11 and 12. Please ensure you **fully examine** the applicant as well as taking the applicant's history.

The medical assessment includes a **vision assessment**. If you are unable to fully answer the vision assessment questions the applicant must have this part of the medical completed by an optician or optometrist.

Applicant's Full Name: _____
Applicant's Date of Birth: DD/MM/YYYY

Sections 11 and 12 to be completed by the GP/Doctor carrying out the examination

11 Additional information

Patients' weight (kg)

Height (cms)

Details of smoking habits, if any

Number of alcohol units taken each week

12 GP / Doctor's details (please print name and address in capital letters)

- Please ensure all sections of the form have been completed. Failure to do so will result in the form being rejected.

Full Name:	
Address:	
Post Code:	
Telephone:	
Email address:	

Surgery stamp

I confirm that:

1. I am currently GMC registered and licensed to practice in the UK.
2. I have checked the applicant's identity.
3. I had full access to the applicant's medical records at the time of the medical examination.

Applicant's Full Name: _____ **Date of Birth:** DD/MM/YYYY

ID Provided:

Signature of GP (Doctor)	
Date of examination	DD/MM/YYYY

Sections 13 and 14 to be completed in the presence of the GP / Doctor carrying out the medical examination.

13 Applicant details

Name:		Date of Birth	DD/MM/YYYY
Address:		Tel No.	
		Mobile No.	
		Email address	
Post Code:			

About your GP (Doctor) / Group Practice

GP (Doctor) Group		Telephone:	
Address:		Email address:	
Post Code:			

14 Applicant's consent and declaration

This section **MUST** be completed 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 a hackney carriage/private hire vehicle, Preston City Council may require further information from your doctor, specialist, appropriate healthcare professional, optician or optometrist and/or the Council's independent Group 2 Medical Specialist. Only information relevant to the assessment of your fitness to drive will be requested.

CONSENT AND DECLARATION

- **I authorise** my doctor(s), specialist(s), appropriate healthcare professional(s), optician(s) or optometrist(s) to release reports/medical information about my condition, relevant to my fitness to drive, to Preston City Council.
- **I authorise** Preston City Council to disclose such reports/medical information as may be necessary to the investigation of my fitness to drive, to a doctor(s), specialist(s), other appropriate healthcare professional(s), optician(s), optometrist(s) or occupational health professional(s), or any other name it may be known by, and the Council's Taxi and Miscellaneous Committee.
- **I understand** that it is a criminal offence if I make a false declaration to obtain a hackney carriage or private hire vehicle driver's licence with Preston City Council and can lead to prosecution.
- **I authorise** Preston City Council to inform my doctor(s), specialist(s), other appropriate healthcare professional(s), optician(s) or optometrist(s) of the outcome of my case and release reports/medical information to them.
- **I declare** that I have checked the details I have given on the Medical Examination Report and that, to the best of my knowledge and belief, they are correct.

Full Name of Applicant:	
Signature of Applicant:	
Date:	