

**SOUTH NORFOLK COUNCIL
HACKNEY CARRIAGE/PRIVATE HIRE VEHICLE DRIVER LICENSING**

MEDICAL CERTIFICATE

Full Name of Applicant (BLOCK CAPITALS)

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Address

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Date of Birth

Signature of Applicant

(to be signed in the presence of the Medical Practitioner signing this Certificate)

Note

This Certificate is not one which must be issued free of charge as part of the National Health Service. The Licensing Authority accepts no liability to pay for it. Unless any other arrangements have been made for payment of the fee, the applicant is to pay.

NOTE FOR MEDICAL PRACTITIONERS

In completing this medical certificate, Medical Practitioners are asked to have regard to the recommendations for **Group II drivers** by the Medical Commission for Accident Prevention in their booklet "Medical Aspects of Fitness to Drive" or to the Notes for Guidance of Doctors conducting these examinations prepared by the British Medical Association.

The data provided on this form, including any photographic image, will be used and held by South Norfolk Council as data controller for the purpose of issuing, maintaining and renewing (as applicable) (subject to eligibility) a (enter licence type here) Licence and is subject to the requirements of the Data Protection Act 1998. This personal data will be held and processed by the Council in accordance with the Data Protection Act and may be disclosed to a public body or any agency nominated by a public body for the purpose of preventing and detecting fraud or other relevant criminal activity. The information will be held on computer files and relevant paper filing systems.

QUESTION	ANSWERS
1. (a) Has the applicant to the best of your knowledge ever had an epileptic attack, since the age of 3?	1.(a)
(b) Is the applicant, to the best of your judgement, subject to:- (i) vertigo, or sudden attacks of disabling giddiness or fainting; (ii) any mental ailment likely to interfere with the efficient discharge of his duties as a driver of a hackney carriage/private hire vehicle	(b) (b)(i) (b)(ii)
2. Has the applicant any deformity, loss of members or physical disability likely to interfere with the efficient discharge of his duties as a hackney carriage/private hire vehicle driver? (special attention should be paid to the condition of arms, legs, hands and joints).	2.
3. Does the applicant suffer from any heart or lung disorder likely to interfere with the efficient discharge of his duties as a driver of a hackney carriage/private hire vehicle?	3.

<p>4. Is there any serious defect of hearing?</p> <p>5. Does the applicant show any evidence of addiction to the excessive consumption of alcohol or drugs?</p> <p>6. Does the applicant appear to be suffering from any other disease or physical disability likely to interfere with the efficient discharge of his duties as a driver or to cause the driving by him of hackney carriages/private hire vehicles to be a source of danger to the passengers therein or to the public generally?</p> <p>7. (a) Acuity of vision (with glasses if worn) by Snellens test type. (b) Did the applicant wear his own *glasses/contact lenses for this test. (c) Is the applicant's field of vision by hand test satisfactory? (d) Do you consider that the applicant's vision is likely to cause the driving by him of hackney carriages/private hire vehicles to be a source of danger to the passengers therein or the public generally?</p>	<p>4.</p> <p>5.</p> <p>6.</p> <p>7. (a) Right Eye Left Eye (b) (c) (d)</p>
<p>8. Do you consider a further examination necessary? If so in what time period</p> <p>a) 6 months b) 12 months c) 2 years d) 3 years e) 5 years f) 10 years</p>	
<p>(Question 7(d) need be answered only if the acuity with glasses, if worn, is below 6/12 with one eye and 6/36 with the other eye, or if the field of vision is unsatisfactory</p>	

I CERTIFY that I have this day examined the applicant, who has signed this form in my presence and who in my opinion is ***FIT/UNFIT** to drive hackney carriages/private hire vehicles.

*Delete as necessary

Signature, etc. of Registered Medical Practitioner

Name

Address

.....

.....

.....

Date

Telephone Number

Please return, under confidential cover to:-

Licensing Team, South Norfolk House
Cygnet Court, Long Stratton
NORWICH, NR15 2XE