

Rhondda Cynon Taf County Borough Council

CONFIDENTIAL

MEDICAL CERTIFICATE ASSOCIATED WITH AN APPLICATION FOR A LICENCE TO DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE

Name of Applicant _____

Address _____

_____ Date of Birth _____

This Medical Questionnaire should be completed by the applicants own General Practitioner who has full access to their medical records. In the event of this questionnaire being completed by a Doctor other than your own G.P. the Doctor **must** complete the following declaration.

I confirm that I have had full access to the medical records of the applicant and that following examination of those records I can find no evidence to suggest he/she is unfit to act as a the driver of a Hackney Carriage or Private Hire Vehicle.

Signature of Registered Medical Practitioner _____ Date _____

NOTE (1) This certificate is for the confidential use of the Licensing Authority. Medical Practitioners are requested to forward it under cover to the address overleaf.

Any fee charged is payable direct by the applicant to the Medical Practitioner.

NOTE (2) The standard of acuity of vision is considered unsatisfactory if it is below 6/12 with one eye and 6/36 with the other eye, with or without optical aid.

NOTE (3) Special attention is directed to the condition of the arms, hands, legs and feet and particularly to the joints of the upper and lower extremities.

NOTE (4) A medical certificate is required with every new application for a licence and a further certificate depending on age. (Please note that when an application is for the grant of a new licence it is issued for a period of one year followed by a further one year licence and two years thereafter).



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TREFTADAETH GADARN | DYFODOL SICR

	Reply to be written in this column.
<p>1. To the best of your knowledge is this applicant subject to epilepsy, diabetes, vertigo, sudden attacks of disabling giddiness or fainting or any mental disorder or defect likely to affect their duties as a Hackney Carriage or Private Hire Vehicle driver?</p>	
<p>2. Does he/she suffer from any heart or lung disorder or defect, which might interfere with the efficient performance of their duties as a Hackney Carriage or Private Hire Vehicle driver?</p>	
<p>3. Are blood pressure readings – both Systolic and Diastolic – normal, having regard to the applicant’s age? If not do you consider that the abnormal blood pressure would be likely to affect their competence as a Hackney Carriage or Private Hire Vehicle driver?</p>	
<p>4. (a) Is there any defect of vision? If so please give details. (See note 2)</p> <p>(b) If the reply to (a) is yes, give acuity or vision by the Snellens Test type, with and without glasses, and answer the following;</p> <p>(i) Was the test conducted with the applicants own glasses, or</p> <p>(ii) Have suitable glasses been prescribed</p> <p>(iii) Do you consider the applicant should wear glasses when driving?</p> <p>(iv) Is the applicant’s field of vision by hand test satisfactory?</p> <p>(v) Is the colour vision normal?</p> <p>(vi) Does the applicant suffer from a squint or any other visual defect, which could affect their fitness to drive a motor vehicle?</p> <p>(viii) Could any visual defect observed be sufficiently corrected to make the applicant fit to drive a motor vehicle?</p>	<p>(b) RE.....LE..... Without glasses</p> <p>RE.....LE..... With glasses If applicable</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p> <p>(iv)</p> <p>(v)</p> <p>(vi)</p> <p>(vii)</p>

	Reply to be written in this column
5. Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of their duties as a Hackney Carriage/Private Hire Vehicle driver?	
6. Has the applicant any deformity or loss of limbs? If so, do you consider that it would interfere with the efficient performance of their duties as a Hackney Carriage/Private Hire Vehicle driver? (see note 3)	
7. Is the applicant sufficiently active for the performance of their duties?	
8. Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?	
9. In your opinion, is the applicant generally fit as regards (a) bodily health, and (b) temperament, for the duties of a Hackney Carriage/Private Hire Vehicle driver?	
10. Is there any abnormality present that is not included in the above questions?	
11. Is the applicant registered as a patient with your practice	Yes/No
12. If no have you examined the applicants medical history held by their own General Practitioner	Yes/No
13. Is there anything in the applicants medical history that is likely to interfere with the efficient performance of their duties as a Hackney Carriage or Private Hire Vehicle driver?	Yes/No (if yes give details)

Please Reply to:- Licensing Team, Ty Elai, Dinas Isaf East, Williamstown,
Tonypandy CF40 1NY

I certify I have this day examined (name) _____

The answers to the foregoing questions are correct to the best of my knowledge and belief and I consider the applicant to be ***FIT/UNFIT** to act as a Hackney Carriage/Private Hire Vehicle driver.
*** Delete as Necessary**

Do you consider further examination necessary? *YES/NO

***Delete as Necessary (See Note)**

Note

The Policy of the Licensing Authority provides for the following medical examination frequency.

Age 18 - 45 – Initial Examination

Age 45 - 65 – Every 5 Years

Age 65+ - Yearly

If the applicant is likely to require a further medical review within the specified time period relevant to their age, please indicate accordingly.

If yes in what period of time?

Reason for further examination –

Signature of qualified and Registered Medical Practitioner _____

Name of Medical Practitioner (Print) _____

Address** _____

**Please include official Stamp of practice
if applicable _____

Date _____