

VALE OF GLAMORGAN COUNCIL

TOWN POLICE CLAUSES ACT 1847

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976 SECTION 57

MEDICAL CERTIFICATE

HACKNEY CARRIAGE AND PRIVATE HIRE VEHICLE DRIVERS

TO THE APPLICANT

This Certificate is the method by which the Licensing Authority is advised that the Applicant is medically fit to drive hackney carriage and private hire vehicles. Applicants must be examined and certified as being medically fit by **THEIR OWN GENERAL PRACTITIONER OR ANOTHER GENERAL PRACTITIONER IN THE PRACTICE WITH WHICH THEY ARE REGISTERED AND MUST TAKE INTO ACCOUNT PREVIOUS MEDICAL HISTORY**. The Council may require a further examination or referrals following this initial certification.

This Certificate is not one which must be issued free of charge as part of the National Health Service. The Council accepts no liability to pay for it. Any fee charged is payable direct by the Applicant to the Medical Practitioner unless any other arrangements have been made for the payment of the fee. The Applicant is to pay for the first and any subsequent medicals or referral examinations.

NOTICE TO THE GENERAL PRACTITIONER - NEW MEDICAL STANDARDS FOR TAXI DRIVERS

This Certificate is for the confidential use of the Licensing Authority.

In completing this Certificate, Medical Practitioners are asked to have regard to the booklet "At a Glance Guide to the current Medical Standards of Fitness to Drive" issued by the Drivers Medical Group, DVLA, Swansea. **THE LICENSING AUTHORITY REQUIRES APPLICANTS TO MEET GROUP 2 STANDARDS.**



VALE OF GLAMORGAN COUNCIL

HACKNEY CARRIAGE AND PRIVATE HIRE VEHICLE DRIVER'S MEDICAL CERTIFICATE

NAME OF DOCTOR _____

ADDRESS OF PRACTICE _____

CONFIDENTIAL

TO BE COMPLETED BY YOUR MEDICAL PRACTITIONER

Full name of Applicant _____

Address _____

Date of birth _____ / _____ / _____

GENERAL QUESTIONS ONLY - PLEASE REFER TO THE AT A GLANCE GUIDE TO THE CURRENT MEDICAL STANDARDS OF FITNESS TO DRIVE AND COMPLETE THE CERTIFICATION SHOWN OVERLEAF IN ACCORDANCE WITH THE GROUP 2 STANDARDS

	General Question	Response
1	Did you have full access to the Applicant's medical records and were these records consulted when completing this examination?	
2	How long has the Applicant been registered at your practice?	_____ years
3	Do you consider that any further medical examination is necessary? If "Yes" please give details on a separate sheet	
4	Does the Applicant have a medical condition, which is aggravated by exposure to dogs? If Yes, is it so severe that the Council should grant the applicant an exemption from carrying dogs in their vehicle?	
5	Does the applicant have any of the disorders or illnesses listed in Chapters 1 to 9 of the "At a Glance Guide" referred to above?	
6	If Yes, please confirm on a separate sheet whether or not the applicant has satisfied all the qualifying conditions / tests set out in the Group 2 entitlement. Please include details of any consultant reports/tests or other monitoring, which you used to undertake the assessment.	

DECLARATION BY MEDICAL PRACTITIONER

I certify that I have today examined _____
who is registered with this practice and has signed this form in my presence.

I confirm that I am the applicant's general practitioner / I am a general practitioner at the practice where the applicant is registered.

Applicant's signature _____

Being a registered Medical Practitioner who has examined the Applicant and with due regard to the advice and guidance appertaining to Group 2 drivers set out in the "At a glance guide to the current medical standards of fitness to drive", issued by the DVLA, I consider that the Applicant-

a) Meets the medical requirement to hold hackney carriage and private hire vehicle driver's licences.

or

b) Does not meet the medical requirements to hold hackney carriage and private hire vehicle driver's licences.

PLEASE DELETE ABOVE AS APPROPRIATE

Please provide further Information (if appropriate) on why the applicant does not meet the Group 2 Standard. Please continue on a separate sheet (s), if necessary.

Signed _____
(General Practitioner)

Date _____

Name (BLOCK CAPITALS) _____

SURGERY STAMP

(CERTIFICATES WHICH ARE NOT SIGNED AND STAMPED WILL NOT BE ACCEPTED)