



Medical Certificate for Hackney Carriage and Private Hire Vehicle Drivers

This certificate is to assess the applicant's fitness to drive members of the public in Norwich City Council licensed hackney carriage or private hire vehicles. This certificate is not one to be issued free of charge under the NHS and the Council accepts no liability to pay for it. If the registered medical practitioner completing this form does not have access to the applicant's full medical records, then the applicant must obtain their full medical history from their own GP Practice to take with them to their appointment. The copy of the full medical history must not be more than 30 days old from the date of the appointment.

Note for registered medical practitioners: In completing this medical certificate, medical practitioners are asked to have regard to the current version of the DVLA's [Assessing fitness to drive: a guide for medical professionals - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281212/assessing_fitness_to_drive.pdf)

Norwich City Council requires the holders of hackney carriage and private hire vehicle driver licences to undertake the above medical examination on a three yearly basis. Please indicate on this certificate if you consider that an earlier review of the applicant's medical fitness would be appropriate e.g., in 12 months' time.

Please complete all parts of the form using the additional notes space at the end if necessary.

Full name of applicant (block capitals):

Date of birth: _____

Address: _____

Signature of applicant: _____ **Date:** _____

To be signed in the presence of the Medical Practitioner signing this certificate.

QUESTIONS

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; or | (b)(i) |
| | (ii) any mental ailment likely to interfere with the efficient discharge of their duties as the driver of a hackney carriage or private hire vehicle? | (b)(ii) |
| 2. | Has the applicant any deformity, loss of members or physical disability likely to interfere with the efficient discharge of their duties as the driver of a hackney carriage or private hire vehicle? (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 their duties as a driver of a hackney carriage or private hire vehicle? | 3. |
| 4. | Is there any serious defect of hearing? | 4. |
| 5. | Does the applicant show any evidence of addiction to alcohol or drugs? | 5. |
| 6. | Does the applicant appear to be suffering from any other disease or physical ailment likely to interfere with the efficient discharge of their duties or to cause the driving by them of a hackney carriage or private hire vehicle to be a source of danger to the public? | 6. |

7. a) Acuity of vision (with glasses if worn) by Snellen's test type. **7.(a) Right eye / left eye**

(b) Did the applicant wear their own glasses*/contact lenses for this test? **(b)**

(c) Is the applicant's field of vision by hand test satisfactory? **(c)**

(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)

(d) Do you consider that the applicant's vision is likely to cause their driving of a hackney carriage or private hire vehicle to be a source of danger to the public? **(d)**

I CERTIFY that I have this day examined the applicant who has signed this form in my presence, and who is in my opinion FIT / UNFIT* to drive a hackney carriage or a private hire vehicle. (*Delete as necessary).

Please tick the box as appropriate:

- ☐ **This applicant is registered at this medical practice OR**
- ☐ **This certificate has been completed with reference to the applicant's full medical history obtained by them from their GP surgery (must not be more than 30 days old at the time of appointment).**

Signature of registered medical practitioner: _____

Date: _____

Name (Block capitals): _____

Address: _____

Surgery / provider's stamp

A large, empty rectangular box with a black border, intended for a surgery or provider's stamp.

Notes:

A large, empty rectangular box with a black border, intended for notes.