



Medical Certificate

Full name of applicant
(Block Capitals) _____

Address _____

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 council accepts no liability to pay for it.

NOTE FOR MEDICAL PRACTITIONERS

In completing this medical certificate Medical Practitioners are asked to have regard to the recommendations by the Medical Commission for Accident Prevention in their booklet "Medical Aspects of Fitness to drive" or to the notes for the Guidance of Doctors conducting those examinations prepared by the British Medical Association.

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 his 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 his 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 his 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 the excessive consumption of alcohol or drugs? | 5. |
| 6. | Does the applicant appear to be suffering from any other disease or physical. likely to interfere with the efficient discharge of his duties or to cause the driving by him of a hackney carriage or private hire vehicle to be a source of danger to the public? | 6. |

(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)

- | | | |
|----|---|-----------------------------|
| 7. | a) Acuity of vision (with glasses if worn) by Snellens test type; | 7.(a) Right eye or Left eye |
| | (b) Did the applicant wear his own glasses*/contact lenses for this test? | (b) |
| | (c) Is the applicant's field of vision by hand test satisfactory? | (c) |
| | (d) Do you consider that the applicant's vision is likely to cause the driving by him 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 IS REGISTERED AT THIS PRACTICE, 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 NOTE: 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 applicants medical fitness would be appropriate, eg in 12 months time).

Signature _____ Date _____

Name (Block Letters) _____

Address _____

Surgery stamp