



New Hackney Carriage/ Private Hire Driver Application

Local Government (Miscellaneous Provisions) Act 1976

Application for grant of a licence to drive a hackney carriage and/or private hire vehicle

Before completing this form please read the guidance notes at the end of the form.

A. Your details	
Full name(s)	
Address	
Postcode	
Telephone no.	
Mobile no.	
Email addresss (must be provided)	
Are you entitled to work in the United Kingdom?	☐ Yes You will need to provide evidence of this entitlement to work. ☐ No
How long have you been a resident of the UK	☐ From Birth Or Date: If you have 5 years or less residence you are required to provide a Certificate of Good Conduct
B. Type of licence	
I. I wish to apply for a licence to drive:	☐ Hackney carriage ☐ Private hire vehicle
2. Hackney Driver - State employers name, radio circuit or 'self employed':	

B. Type of licence ((continued)
3. Private Hire Driver - State Operators Name	
4. Have you ever applied for, or held a hackney carriage or private hire vehicle drivers' licence before?	□ Yes - go to B5 □ No - go to B7
5. If you have previously applied for a hackney carriage / private hire vehicle drivers' licence, was the application rejected?	□ Yes - please explain why in B10 □ No - go to B6
6. Have you ever had a hackney carriage or private hire vehicle drivers' licence suspended or revoked or allowed to lapse?	☐ Yes - please explain why in B10 – if lapsed, give the date it lapsed ☐ No - go to B7
7. Driving Licence number:	
8. Date of Licence expiry:	
9. National Insurance Number:	
	to provide information about your answers in B5 or B6. please use a separate sheet.

The following documents are required, completed and signed where necessary.

Please tick where appropriate

C. Documents to enclose	Enclosed?	Official use only
I. My current UK driving licence and counterpart if applicable, or; my EU driving licence and DVLA counterpart		
2. Evidence of right to licence/work in UK		
3. Disclosure & Barring Service Certificate and evidence of subscription to DBS update service		
4. Certificate of Good Conduct if UK residency is 5 years or less		
5. Declaration of criminal offences, cautions, fixed penalities and pending investigations		
6. Medical Report Form (completed & signed by a registered GP and me) (required every three years or annually after the age of 65)		
7. KYP Mandate to check DVLA licence (required every three years)		
8. Passport style colour photograph of me which has been taken in past three months		
9. Taxi Driving Test pass certificate (plus Wheelchair test if applicable)		
I 0. Pass certificate 'Local Knowledge Test'		
II. Pass certificate 'Disability Awareness Training'		
12. Pass certificate 'Safeguarding Training'		
I 3. The licence fee (Receipt number:		

I hereby apply for the grant of the licence(s) specified in BI.

I understand that if I knowingly or recklessly make a false statement, or omit any material particulars in giving the above information I may be liable to prosecution under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976.

I confirm that I have read and understood the guidance regarding my tax responsibilities detailed at https://www.gov.uk/guidance/confirm-your-tax-responsibilities-when-applying-for-a-taxi-private-hire-or-scrap-metal-licence

DATA PROTECTION PRIVACY NOTICE:

Regulatory Services of Carlisle City Council are committed to ensuring that your information is used appropriately. We will use your information for the purpose of providing you with a service.

The full **Privacy Notice** which explains how your information is handled can be viewed at: https://www.carlisle.gov.uk/Privacy-Statement

We will take appropriate steps to ensure your information is secure, and we will only make it available to those who have a right to see it. Subject to the details contained within the **Privacy Notice** you have the right to withdraw consent at any time and you also have the right to access the information we hold about you. You can request this, seek further information or guidance, or make a complaint by **writing to the Data Protection Officer**: Civic Centre, Carlisle, Cumbria, CA3 8QG or emailing: **dataprotection@carlisle.gov.uk**

I have read and understand the requirements that are outlined above.

Signed:			
Date:			

Conditions of Application

Hackney Carriage & Private Hire Drivers' Licences

Before the council may grant a licence to drive a Hackney Carriage or a Private Hire vehicle, the applicant must comply with the following:

- 1. The applicant must satisfy that he/she is a fit and proper person to hold a licence.
- 2. Complete and submit to the council, an application on the forms prescribed by the council.
- **3.** Pay the council the prescribed fee for a drivers' licence.
- 4. Satisfy the council that s/he is medically fit to drive a hackney carriage or a private hire vehicle.

 All drivers are required to submit a medical report upon application for the grant or renewal of a licence. Drivers aged 65 years or over will be required to submit a medical report annually. For this purpose, the applicant shall produce medical report on the form prescribed by the council. The report must be completed and signed a registered practitioner with access to the applicants summary medial history. Whether or not such a report has been produced, the applicant shall, if required by the council, undergo a medical examination by a registered medical practitioner, to be selected by the council.
- 5. Satisfy the council that s/he has held for at least 12 months prior to and is, at the date of the application, the holder of a driving licence (not being a provisional licence) granted to the applicant under the Road Traffic Act 1988 or the corresponding provisions of any later enactment authorising the applicant to drive a motor car.
- **6.** Satisfy the council that the applicant has achieved the requires standard of driving by producing a certificate that was issued an approved provider to the applicant.
- 7. Satisfy the council that the applicant has passed the local knowledge test that is set by the council.
- 8. The applicant must provide one passport type photograph taken within the last three months.
- 9. The applicant is required to make a declaration of any convictions (including motoring) or Police cautions he/she may have. Any such information provided by the applicant will be treated in confidence and will only be taken into consideration in relation to the application.
- 10. Applicants should be aware that the Licensing Authority is empowered in law to carry out enquiries for the existence and content of any criminal record held in the name of the applicant. This information, entitled 'Disclosure' is provided by way of application being made to the Disclosure and Barring Service (DBS), an executive agency of the Home Office.
- II. The applicant is required on application for the grant of a hackney carriage or private hire drivers' licence to sign a disclosure mandate authorising the council to request from KYP their DVLA driver record information. The signed mandate also authorises the DVLA to disclose to the council all relevant information relating to the applicants driver record from the computerised register of drivers maintained by DVLA. This includes the applicant's personal details, driving entitlements, endorsement details, disqualifications, convictions, photo images and CPC (where appropriate). During the course of the licence the checks will take place automatically on an annual basis.
- 12. The disclosure of a criminal record or other information will not necessarily debar an applicant from gaining a licence unless the council considers that the conviction(s) render him/her unsuitable.

 In making this decision, the council will consider the nature of the offence; how long ago it was committed and any other factors that may be relevant. Any applicant refused a drivers' licence on the grounds that he/she is not a fit and proper person to hold such a licence has a right of appeal to the Magistrates' Court.
- 13. The council has adopted guidelines relating to the relevance of convictions or Police cautions for use in determining applications for a Hackney Carriage or a Private Hire Drivers' licence. A copy of these guidelines is enclosed together with the application forms. If you would like to discuss what effect a conviction or a Police caution might have on your application, please contact the Licensing Team, telephone number 01228 817523 for confidential advice.
- **14.** The applicant MUST produce their DBS disclosure certificate to the council before a decision is made whether to grant the application for a licence.
- **15.** The applicant MUST confirm that they have read and understood the guidance provided by the HMRC regarding their tax responsibilities.

Convictions, Cautions and Pending Prosecutions Details (Including Motoring and Criminal)

Date of conviction/ caution/Pending hearing	Offence	Court	Sentence

I understand that any information about convictions and Police cautions provided in this application or during the currency of the licence to which this application relates, may be disclosed to a meeting of the Council's Regulatory Panel, and I consent to such disclosure.

I understand that if I knowingly or recklessly make a false statement or omit any material particulars in giving the above information, I may be liable to prosecution under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976.

Signed:		
Date:		

Medical Examination Report for Hackney Carriage and Private Hire drivers

Group II Medical Examination Report Form

Information notes

It is a requirement under Section 57 of the Local Government (Miscellaneous Provisions) Act 1976 to provide a Medical Examination Report to the effect that you are physically fit to drive a Public, Private Hire or Contract vehicle.

You are required provide a Medical Examination Report to the effect that you are physically fit to hold a Hackney Carriage / Private Hire Driver Licence and is for the confidential use of the Licensing Authority.

This form is to be completed by the applicant's own General Practitioner (GP) or another GP who can confirm they have had access to the applicant's summary medical records.

You are required to complete a further Group II Medical Report Form for every Driving Licence renewal (every 3 years) until the age of 65. From the age of 65 or if you have a particular medical condition (eg diabetes treated by insulin), a Group II Medical Report Form is required annually.

Any fees charged are payable by the applicant.

• please use this form to record medical examination details

Licensing Officers are not permitted to complete or amend forms on behalf of applicants.

Note:

Any existing licensed private hire/hackney carriage driver must immediately inform the Council in writing of any deterioration in health or of any injury that would affect his/her ability to drive. (This is in addition to the requirement of Section 94 of the Road Traffic Act 1988 requiring any driver to notify the Secretary of State of any relevant disability).

Guidance notes

What you have to do:

- I. Before consulting your GP you may find it helpful to consult the DVLAs "At a Glance" booklet. This is available for download here: www.gov.uk/government/publications/at-a-glance
- 2. If, after reading the notes, you have any doubts about your ability to meet the medical or eyesight standards, consult your GP/Optician before you arrange for this medical form to be completed as your GP will normally charge you for completing it. In the event of your application being refused, the fee you pay your GP is not refundable. Carlisle City Council has no responsibility for medical fees.
- **3.** Fill in Section 10 of this report in the presence of the GP carrying out the examination.
- **4.** Application forms must be submitted together with the Group II Medical Report Form otherwise there may be delays in processing your application.

What the GP has to do:

- **I.** Please arrange for the patient to be seen and examined having access to, and regard for, their medical records.
- 2. Please complete Sections I-9 and II of this report. Please ensure the applicant completes Section I0 in your presence. You may find it helpful to consult the DVLAs "At a Glance" booklet. This is available for download here: www.gov.uk/government/publications/at-a-glance
- **3.** Applicants who may be asymptomatic at the time of the examination are to be advised that, if in future they develop symptoms of a condition which could affect safe driving and they hold either a Hackney Carriage and/or Private Hire driver licence they must immediately inform the Licensing Team at Carlisle City Council. Please record any advice given at Section 6.
- **4.** Please ensure that you have completed all Sections within this form. If this report does not bring out important clinical details which may affect the applicant's fitness to drive, please give details in Section 6.

Important information for doctors

Please read and follow the information below before deciding if you are able to fully and accurately fill in the vision assessment. If you are unable to do this, you must tell the applicant that they will need to ask an optician or optometrist to fill it in.

We will make a licensing decision based on the information you provide.

What you need to assess:

If glasses (not contact lenses) are worn for driving, you MUST be able to establish the dioptre measurement of the correction used. If the correction is greater than +8 dioptres in any meridian of either lens, we may not be able to issue a Group 2 licence.

Applicants (hackney or private hire) must have, as measured by the 6 metre Snellen chart:

- a visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye
- a visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the other eye
- this may be achieved with or without glasses or contact lenses
- we cannot accept a Snellen reading shown with a plus (+) or minus (-) e.g. 6/6-2 or 6/9+3
- 3 metre readings must be converted to the 6 metre equivalent

Before you fill in this report, please:

- check the applicant's identity
- read the information leaflet INF4D (Medical examination report). This can be viewed in PDF format at www.gov.uk/reapply-driving-licence-medical-condition

The applicant is responsible for any fee payable for completion of the assessment. Carlisle City Council will not be liable for any costs involved.

Please note that if you complete the vision assessment as well as the medical assessment, you must sign and date both parts of the form.

10. Applicant's consent and declaration

Consent and Declaration

This section MUST be completed and must NOT be altered in any way.

Please read the following important information carefully then sign the statements below.

Important information about Consent

I accept that as part of the investigation into my fitness to drive, Carlisle City Council may require me to undergo further medical examination or some form of practical assessment. In these circumstances, those personnel involved will require my background medical details to undertake an appropriate and adequate assessment. Such personnel might include doctors, specialist consultants, orthoptists at eye clinics or paramedical staff at a driving assessment centre.

Only information relevant to the assessment of my fitness to drive will be released. In addition, where the circumstances of my case appear exceptional, the relevant medical information may need to be further considered, where such further examination / consideration attracts a cost this will be met by me the applicant, (you will be advised of any further costs as appropriate to determine your application) and where matters of a medical nature exist the application may then be determined by the Councils Licensing Regulatory Committee. (The HC/PH Driver licensing process is managed to strict principles of confidentiality, where applications are to be determined by the Councils Licensing Regulatory Sub-Committee such meetings are held to the exclusion of the press and public).

I authorise my Doctor(s) and Specialist(s) to release report/medical information about my condition, relevant to my fitness to drive, to Carlisle City Council's medical adviser.

I authorise Carlisle City Council to disclose such relevant medical information as may be necessary to the investigation of my fitness to hold a HC/PH Drivers Licence, to doctors, paramedical, DVLA and to inform my doctor(s) of the outcome of the case where appropriate.

I declare that I have checked the details I have given on the enclosed questionnaire and that to the best of my knowledge and belief they are correct.

During the period of application and any period when holding a private hire/hackney carriage driver licence, I will immediately inform Carlisle City Council in writing of any deterioration in health or of any injury or condition that would affect my ability to drive. (This is in addition to the requirement of Section 94 of the Road Traffic Act 1988 requiring any driver to notify the Secretary of State of any relevant disability.)

I understand that it is a criminal offence if I make a false declaration to obtain a private hire / hackney carriage driving licence and can lead to prosecution.

Signed:			
Date:			



Medical examination report for a Group 2 (bus or lorry) licence

For advice on how to fill in this form, read the leaflet INF4D available at www.gov.uk/reapply-driving-licence-medical-condition Please use black ink when you fill in this report.

this report.



Medical professionals must fill in all green sections on

Applicants: you must fill in all grey sections of this report. This includes the section below, your full name and date of birth at the end of each page and the declaration on page 8.

declaration on page 8.	Important information for doctors carrying			
Important: This report is only valid for 4 months from date of examination.	out examinations. Before you fill in this report, you must check the applicant's			
Name	identity and decide if you are able to fill in the Vision assessment on page 2. If you are unable to do this, you must inform the applicant that they will need to ask an			
	optician or optometrist to fill in the Vision assessment.			
Date of birth	Examining medical professional			
Address	Name			
	Has a company employed you or booked			
	you to carry out this examination? Yes No			
	If Yes, you must give the company's details below. If 'No', you must give your practice address details below.			
Postcode	(Refer to section C of INF4D.)			
Contact number	Company or practice address			
Email address				
Date first licensed to drive a bus or lorry				
DDMMYY				
If you do not want to receive survey invitations by email from	Postcode			
DVLA, please tick box	Company or practice contact number			
Your doctor's details (only fill in if different				
from examining doctor's details) GP's name	Company or practice email address			
GF S Hame				
	GMC registration number			
Practice address				
	I can confirm that I have checked the applicant's			
	documents to prove their identity. Signature of examining doctor			
	Applicant's weight (kg) Applicant's height (cm)			
Postcode				
Contact number	Number of alcohol units consumed each week			
	Units per week			
Email address				
	Does the applicant smoke? Yes No			
	Do you have access to the applicant's full medical record? Yes No			



Important: Signatures must be provided at the end of this report



Medical examination report

Vision assessment



1114

1.	Please confirm () the scale you are using to express the applicant's visual acuities. Snellen Snellen expressed as a decimal LogMAR	5. Does the applicant report symptoms of any of the following that impairs their ability to drive? Please indicate below and give full details.
2.	The visual acuity standard for Group 2 driving is at least 6/7.5 in one eye and at least 6/60 in the other. (a) Please provide uncorrected visual acuities for each eye. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician. R L Yes No (b) Are corrective lenses worn for driving?	Please indicate below and give full details in Q7 below. (a) Intolerance to glare (causing incapacity rather than discomfort) and/or (b) Impaired contrast sensitivity and/or (c) Impaired twilight vision 6. Does the applicant have any other ophthalmic condition affecting their visual acuity or visual field? If Yes, please give full details in Q7 below.
	If No, go to Q3. If Yes, please provide the visual acuities using the correction worn for driving. Snellen readings with a plus (+) or minus (-) are not acceptable. If 6/7.5, 6/60 standard is not met, the applicant may need further assessment by an optician. R (c) What kind of corrective lenses are worn to meet this standard? Glasses Contact lenses Both together (d) If glasses are worn for driving, is the corrective power greater than plus (+)8 dioptres in any meridian of either lens? (e) If correction is worn for driving, is it well tolerated?	7. Details or additional information Name of examining doctor or optician undertaking vision assessment
3.	If No, please give full details in Q7. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)? If Yes, please give full details below. If formal visual field testing is considered necessary, DVLA will commission this at a later date.	I confirm that this report was filled in by me at examination and the applicant's history has been taken into consideration. Signature of examining doctor or optician Date of signature Please provide your GOC or GMC number
4.	Is there diplopia? (a) Is it controlled? Please indicate below and give full details in Q7. Patch or Glasses Other glasses with frosted glass prism (if other please provide details)	Doctor, optometrist or optician's stamp
Ap	plicant's full name Please do not o	Date of birth DDMMYY detach this page



Medical examination report

Medical assessment

Must be filled in by a doctor

D4

1 Neurological disorders	2 Diabetes mellitus
Please tick ✓ the appropriate boxes Is there a history or evidence of any neurological disorder (see conditions in questions 1 to 11 below)? If No, go to section 2, Diabetes mellitus If Yes, please answer all questions below and enclose relevant hospital notes.	Yes No Does the applicant have diabetes mellitus? If No, go to section 3, Cardiac If Yes, please answer all questions below. 1. Is the diabetes managed by: (a) Insulin? Yes No Yes No
Yes No 1. Has the applicant had any form of seizure? (a) Has the applicant had more than one seizure episode? (b) If Yes, please give date of first and last episode. First episode Last episode Last episode (c) Is the applicant currently on anti-epileptic medication? If Yes, please fill in the medication section 8, page 6. (d) If no longer treated, when did treatment end? (e) Has the applicant had a brain scan? If Yes, please give details in section 9, page 7. (f) Has the applicant had an EEG? If you have answered Yes to any of above, you must supply medical reports.	If No, go to 1c If Yes, please give date started on insulin. (b) Are there at least 3 continuous months of blood glucose readings stored on a memory meter or meters? If No, please give details in section 9, page 7. (c) Other injectable treatments? (d) A Sulphonylurea or a Glinide? (e) Oral hypoglycaemic agents and diet? If Yes to any of (a) to (e), please fill in the medication section 8, page 6. (f) Diet only? 2. (a) Does the applicant test blood glucose at least twice every day? (b) Does the applicant test at times relevant to driving (no more than 2 hours before the start of the first journey and every
2. Has the applicant experienced dissociative/'non-epileptic' seizures? (a) If Yes, please give date of most recent episode. (b) If Yes, have any of these episode(s) occurred or are they considered likely to occur whilst driving?	2 hours while driving)? (c) Does the applicant keep fast-acting carbohydrate within easy reach when driving? (d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?
3. Stroke or TIA? If Yes, give date. (a) Has there been a full recovery?	3. (a) Has the applicant ever had a hypoglyaemic episode? (b) If Yes, is there full awareness of hypoglycaemia?
 (b) Has a carotid ultrasound been undertaken? (c) If Yes, was the carotid artery stenosis >50% in either carotid artery? (d) Is there a history of multiple strokes/TIAs? 4. Sudden and disabling dizziness or vertigo within the last year with a liability to recur? 	4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? If Yes, please give details and dates below.
5. Subarachnoid haemorrhage (non-traumatic)?	5. Is there evidence of: Yes No
6. Significant head injury within the last 10 years?	5. Is there evidence of: (a) Loss of visual field? (b) Severe peripheral neuropathy, sufficient
7. Any form of brain tumour?	to impair limb function for safe driving?
8. Other intracranial pathology?	If Yes, please give details in section 9, page 7.
9. Chronic neurological disorder(s)?	6. Has there been laser treatment or intra-vitreal treatment for retinopathy?
10. Parkinson's disease?	If Yes, please give
11. Blackout, impaired consciousness or loss of awareness within the last 10 years?	most recent date of treatment.
Applicant's full name	Date of birth DDMMYY

3	Cardiac				eral arterial disease ding Buerger's disease)		
а	Coronary artery disease				aneurysm/dissection		
or If N	here a history or evidence of onary artery disease? Io, go to section 3b, Cardiac arrhythmia (se, please answer all questions below denclose relevant hospital notes.	Yes	No	arterial diseas aortic aneurys If No, go to s If Yes, please	ory or evidence of peripheral se (excluding Buerger's disease), sm or dissection? section 3d, Valvular/congenital he answer all questions below and ant hospital notes.		No ase
	Has the applicant ever had an episode of angina?	Yes	No		arterial disease?	Yes	No
	If Yes, please give the date of the last known attack.	Y		(excluding	Buerger's disease)	Yes	No
	Acute coronary syndrome including myocardial infarction?	Yes	No		applicant have claudication? Id the applicant be able to undertake 9		
	If Yes, please give date. Coronary angioplasty (PCI)?	Yes	No		the standard Bruce Protocol ETT?		Ш
	If Yes, please give date of most recent intervention.			3. Aortic ane	urysm?	Yes	No
4.	Coronary artery bypass graft surgery?	Yes	No	(a) Site of	aneurysm: Thoracic Abdominal		
	If Yes, please give date.		N	(c) Please	been repaired successfully? provide latest transverse aortic ter measurement and date obtained		Ш
	If Yes to any of the above, are there any physical health problems or disabilities (e.g. mobility, arthritis or COPD) that would make the applicant unable to undertake 9 minutes of t standard Bruce Protocol ETT? Please give detail	he	No		measurement and date boxes.		
	Standard Brade Frotecor Eff. Frodee give dotain		700.	If Yes, plea	of the aorta repaired successfully? ase provide copies of all reports those dealing with any surgical trea	Yes	No
				including	inose dealing with any surgical trea	unioni.	
				5 Is there a	history of Marfan's disease?	Yes	No
b	Cardiac arrhythmia				history of Marfan's disease? ase provide relevant hospital notes	Yes	No
ls t	here a history or evidence of diac arrhythmia?	Yes	No _	If Yes, ple			No
Is to care	here a history or evidence of	se	No 🗌	d Valvula Is there a hist valvular or co	ase provide relevant hospital notes		No No
Is the care of the second of t	here a history or evidence of diac arrhythmia? lo, go to section 3c, Peripheral arterial disease, please answer all questions below and encionant hospital notes. Has there been a significant disturbance of cardiac rhythm? (e.g. sinoatrial disease,	ose		d Valvula Is there a hist valvular or co If No, go to s	ar/congenital heart disease ory or evidence of ngenital heart disease? section 3e, Cardiac other and questions below and provide		
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Is the care of the care of the second of the	here a history or evidence of diac arrhythmia? Io, go to section 3c, Peripheral arterial disease ses, please answer all questions below and encionant hospital notes. Has there been a significant disturbance of cardiac rhythm? (e.g. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter or fibrillation, narrow or broad complex tachycardia) in the last 5 years? Has the arrhythmia been controlled satisfactorily for at least 3 months? Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted? Has a pacemaker or a biventricular pacemaker/cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted?	Yes Yes	No No	If Yes, plead d Valvula Is there a hist valvular or co If No, go to s If Yes, answer relevant hosp 1. Is there a 2. Is there a If Yes, plead (including)	ase provide relevant hospital notes. Ir/congenital heart disease ory or evidence of ngenital heart disease? In the congenital heart disease? In the congenital heart disease of the congenital notes. In the congenital heart disease of the congenital hear	Yes Yes Yes	No No No
Is the care of No. 1	here a history or evidence of diac arrhythmia? Io, go to section 3c, Peripheral arterial disease sees, please answer all questions below and encionant hospital notes. Has there been a significant disturbance of cardiac rhythm? (e.g. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter or fibrillation, narrow or broad complex tachycardia) in the last 5 years? Has the arrhythmia been controlled satisfactorily for at least 3 months? Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted? Has a pacemaker or a biventricular pacemaker/cardiac resynchronisation therapy pacemaker	Yes Yes	No No	If Yes, plead d Valvula Is there a hist valvular or co If No, go to s If Yes, answer relevant hosp 1. Is there a 2. Is there a If Yes, pleading including 4. Is there history	ase provide relevant hospital notes. Ir/congenital heart disease ory or evidence of ngenital heart disease? Section 3e, Cardiac other r all questions below and provide ital notes. history of congenital heart disease? history of heart valve disease? history of aortic stenosis? ase provide relevant reports echocardiogram).	Yes Yes Yes Yes	No No No No
Is the care of No. 16 Years of No. 15 Years of	here a history or evidence of diac arrhythmia? Io, go to section 3c, Peripheral arterial disease ses, please answer all questions below and encionant hospital notes. Has there been a significant disturbance of cardiac rhythm? (e.g. sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter or fibrillation, narrow or broad complex tachycardia) in the last 5 years? Has the arrhythmia been controlled satisfactorily for at least 3 months? Has an ICD (Implanted Cardiac Defibrillator) or biventricular pacemaker with defibrillator/cardiac resynchronisation therapy defibrillator (CRT-D type) been implanted? Has a pacemaker or a biventricular pacemaker/cardiac resynchronisation therapy pacemaker (CRT-P type) been implanted? If Yes: (a) Please give date	Yes Yes	No No	d Valvula Is there a hist valvular or co If No, go to s If Yes, answer relevant hosp 1. Is there a 2. Is there a If Yes, ple (including) 4. Is there hi 5. Does the a significant	ase provide relevant hospital notes. Ir/congenital heart disease ory or evidence of ingenital heart disease? Infection 3e, Cardiac other in all questions below and provide ital notes. Inhistory of congenital heart disease? Inhistory of heart valve disease? Inhistory of aortic stenosis? Insection 3e, Cardiac other in all questions below and provide ital notes. Inhistory of congenital heart disease? Inhistory of aortic stenosis? Insection 3e, Cardiac other Inhistory of congenital heart disease? Inhistory of eart valve disease? Inhistory of aortic stenosis? Insection 3e, Cardiac other Inhistory of embolic stroke?	Yes Yes Yes Yes Yes	No No No No

e Cardiac other		provided, give details in section 9, page 7 and provide relevant report
Is there a history or evidence of heart failure? If No, go to section 3f, Cardiac channelopathies If Yes, please answer all questions and enclose	Yes No	2. Has an exercise ECG been undertaken Yes No (or planned)?
relevant hospital notes. 1. Please provide the NYHA class, if known.		3. Has an echocardiogram been undertaken Yes No (or planned)?
2. Established cardiomyopathy? If Yes, please give details in section 9, page 7.	Yes No	(a) If undertaken, is or was the left ejection fraction greater than or equal to 40%?
3. Has a left ventricular assist device (LVAD) or other cardiac assist device been implanted?	Yes No	4. Has a coronary angiogram been undertaken Yes No (or planned)?
4. A heart or heart/lung transplant?	Yes No	5. Has a 24 hour ECG tape been undertaken Yes No (or planned)?
5. Untreated atrial myxoma?	Yes No	6. Has a loop recorder been implanted Yes No (or planned)?
f Cardiac channelopathies		7 Haraman and a reference at the second state.
Is there a history or evidence of the following conditions? If No, go to section 3g, Blood pressure	Yes No	7. Has a myocardial perfusion scan, stress echo study or cardiac MRI been undertaken (or planned)?
1. Brugada syndrome?	Yes No	4 Psychiatric illness
2. Long QT syndrome? If Yes to either, please give details in section 9, page 7 and enclose relevant hospital notes.	Yes No	Is there a history or evidence of psychiatric illness within the last 3 years? If No, go to section 5, Substance misuse If Yes, please answer all questions below.
g Blood pressure		Significant psychiatric disorder within the Yes No past 6 months? If Yes, please confirm condition.
All questions must be answered. If resting blood pressure is 180 mm/Hg systolic or and/or 100mm/Hg diastolic or more, please take a 2 readings at least 5 minutes apart and record the of the 3 readings in the box provided.	further	2. Psychosis or hypomania/mania within the past 12 months, including psychotic depression?
Please record today's best resting blood pressure reading. /	Mar. No.	3. (a) Dementia or cognitive impairment? (b) Are there concerns which have resulted
2. Is the applicant on anti-hypertensive treatment? If Yes, please provide three previous readings with dates if available.	Yes No	in ongoing investigations for such possible diagnoses?
/ DDMM	YY	5 Substance misuse
	Y Y Y Y	Is there a history of drug/alcohol misuse or dependence? If No, go to section 6, Sleep disorders If Yes, please answer all questions below.
3. Is there a history of malignant hypertension? If Yes, please give details in section 9,	Yes No	Is there a history of alcohol dependence Yes No in the past 6 years?
page 7 (including date of diagnosis and any treatr	ment etc).	(a) Is it controlled? (b) Has the applicant undergone an alcohol detoxification programme?
Have any cardiac investigations been undertaken or planned?	Yes No	If Yes, give date started:
If No, go to section 4, Psychiatric illness If Yes, please answer questions 1 to 7.		2. Persistent alcohol misuse in the past 3 years? (a) Is it controlled? Yes No
1. Has a resting ECG been undertaken? If Yes, does it show:(a) pathological Q waves?(b) left bundle branch block?	Yes No	3. Use of illegal drugs or other substances, or misuse Yes No of prescription medication in the last 6 years? (a) If Yes, the type of substance misused?
(c) right bundle branch block? If Yes to (a), (b) or (c), please provide a copy of the relevant ECG report or comment in section 9	, page 7.	(b) Is it controlled? (c) Has the applicant undertaken an opiate treatment programme? If Yes, give date started
Applicant's full name		Pate of birth DDMMVV

6	Sleep disorders	6. Does the applicant have a history Yes No
1.	Is there a history or evidence of Obstructive Yes No Sleep Apnoea Syndrome or any other medical	of liver disease of any origin? If Yes, is this the result of alcohol misuse?
	condition causing excessive sleepiness? If No, go to section 7, Other medical conditions.	If Yes, please give details in section 9, page 7.
	If Yes, please give diagnosis and answer all questions	7. Is there a history of renal failure? Yes No
	below.	If Yes, please give details in section 9, page 7.
	a) If Obstructive Sleep Apnoea Syndrome, please	8. Does the applicant have severe symptomatic Yes No
	indicate the severity:	respiratory disease causing chronic hypoxia?
	Mild (AHI <15) Moderate (AHI 15 - 29)	9. Does any medication currently taken cause the applicant side effects that could affect
	Severe (AHI >29)	safe driving?
	Not known	If Yes, please fill in section 8, Medication and give symptoms in section 9, page 7.
	If another measurement other than AHI is used, it must be one that is recognised in clinical practice	
	as equivalent to AHI. DVLA does not prescribe different measurements as this is a clinical issue. Please give details in section 9 page 7, Further details.	10. Does the applicant have any other medical Yes No condition that could affect safe driving?If Yes, please provide details in section 9, page 7.
	b) Please answer questions (i) to (vi) for all sleep	0 M II II
	conditions. (i) Date of diagnosis:	8 Medication
	(ii) Is it controlled successfully?	Please provide details of all current medication including eye drops (continue on a separate sheet if necessary).
	(iii) If Yes, please state treatment.	Medication Dosage
	(iv) Is applicant compliant with treatment?	Reason for taking:
	(v) Please state period of control:	Approximate date started (if known):
	years months	
	(vi) Date of last review	Medication Dosage
	(vi) Date of last review.	Reason for taking:
7	Other medical conditions	Approximate date started (if known):
	Yes No	
1.	Is there a history or evidence of narcolepsy?	Medication Dosage
2.	Is there currently any functional impairment Yes No that is likely to affect control of the vehicle?	Reason for taking:
		Approximate date started (if known):
3.	Is there a history of bronchogenic carcinoma Yes No or other malignant tumour with a significant	
	liability to metastasise cerebrally?	Medication Dosage
4.	Is there any illness that may cause significant Yes No	Reason for taking:
	fatigue or cachexia that affects safe driving?	Approximate date started (if known):
5.	Is the applicant profoundly deaf? Yes No	
		Medication Dosage
	If Yes, is the applicant able to communicate in the event of an emergency by speech Yes No	
	or by using a device, e.g. a textphone?	Reason for taking:
		Approximate date started (if known):
Apı	olicant's full name	Date of birth

9 Further details	10 Consultants' details
Please send us copies of relevant hospital notes. Do not send any notes not related to fitness to drive. Use the	Please provide details of type of specialists or consultants, including address.
space below to provide any additional information.	Consultant in
	Reason for attendance
	Name
	Address
	Date of last appointment:
	Consultant in
	Reason for attendance
	Name
	Address
	Date of last appointment:
	If more consultants seen give details on a separate sheet.
	11 Examining doctor's signature
	and stamp
	To be filled in by the doctor carrying out the examination.
	Please make sure all sections of the form have been filled in. The form will be returned to you if you do not do this.
	I confirm that this report was filled in by me at examination and I have taken the applicant's history into account. I also confirm that I am currently GMC registered and licensed to practise in the UK or I am a doctor who is medically registered within the EU, if the report was filled in outside the UK.
	Signature of examining doctor
	Date of signature
	Doctor's stamp
Applicant's full name	Date of birth DDMMYY

General Practitioner Details & Declaration

To be completed by Doctor carrying out the examination.

II. Doctor's details

GP Registered Number:

Name (Applicant)				
Surgery stamp				
0 , 1				
Address				
I certify that I am the named applicant's General Practitioner □				
or				
I certify that I am a General Practitioner with full access to the applicants □				
NHS records at the time o	f the examination			
I certify that I have reviewed all the applicant's medical history and have today examined the named applicant, and I consider him/her				
FIT 🗆				
UN-FIT □				
to act as a hackney carriage/private hire/contract driver in the Carlisle area.				
I have come to this decision having studied his/her medical records and using Group 2 standards for vocational drivers as laid down in the current issue of "At a glance guide to the current medical standards of fitness to drive" issued by the Drivers Medical Unit, DVLA, Swansea.				
I declare that the answers to all questions are true to the best of my knowledge and belief.				
I understand that it is an offence for the person completing this form to make a false statement or omit relevant details.				
Signature of Medical Practitioner:				
Date:				
Print Name of Medical Practitioner:				