

Medical Examination – to be completed by the doctor
Please answer all questions

Section 1: Vision

- a) Is the visual acuity as measured by the Snellen chart at least 6/9 in the better eye and at least 6/12 in the other? yes no
- b) If corrective lenses have to be worn to achieve this standard:
- (i) is the **uncorrected** acuity at least 3/60 in the LEFT eye? yes no
- (ii) is the **uncorrected** acuity at least 3/60 in the RIGHT eye? yes no
(3/60 being the ability to read the top line of the Snellen Chart at three metres)
- c) Please state all the visual acuities for this applicant is measured:

uncorrected		corrected (if applicable)	
Left		Left	
Right		Right	

- d) If there is NO degree of vision whatsoever in one eye, on what date did the applicant become monocular or develop sight in one eye only?
- e) Is there documented evidence of a pathological field defect, eg hemianopia, scotoma or quadrantanopia? yes no
- f) Is there full binocular field of vision on confrontation? yes no
- g) Is there uncontrolled diplopia? yes no

Section 2: Nervous System

- a) Has the applicant a 'liability to epileptic seizures'? yes no
- b) Does the applicant suffer from epilepsy? yes no
- c) Is there a history of a sudden and disabling episode or episodes of unexplained impaired consciousness within the past five years? yes no
- d) Is there a history of stroke, TIA or vertebrobasilar insufficiency within the past five years? yes no
- e) Is there a history of uncontrolled Meniere's disease or other causes of sudden disabling vertigo within the last two years? yes no
- f) Is there evidence, with documented signs of neurological or cognitive impairment, of multiple sclerosis? yes no
- g) Is there Parkinson's Disease or other muscle or movement disorder likely to affect vehicle control? yes no
- h) Is there a history of brain surgery since the last licence was issued? yes no
- i) Is there a history of serious head injury associated with an intra-cerebral haematoma or compound depressed skull fracture since the last licence was issued? yes no
- (note: in the case of a first applicant for licence please answer h or i above)*
- j) Is there a history of brain tumour, either benign or malignant, primary or secondary? yes no

Section 3: Diabetes Mellitus

- a) Does the applicant have diabetes mellitus? If 'yes', please answer the following questions. If 'no' proceed to Section 4. yes no
- b) Is the diabetes managed by:
- | | | | | | |
|-------|--|------------------------------|-----------------------------|------|---|
| (i) | Insulin? If 'yes', date started on insulin | yes <input type="checkbox"/> | no <input type="checkbox"/> | date | <input style="width: 100%;" type="text"/> |
| (ii) | oral hypoglycaemic agents and diet? | yes <input type="checkbox"/> | no <input type="checkbox"/> | | |
| (iii) | diet only? | yes <input type="checkbox"/> | no <input type="checkbox"/> | | |
- c) Is the diabetic control generally satisfactory? yes no
- d) Is there evidence of:
- | | | | |
|-------|--|------------------------------|-----------------------------|
| (i) | loss of visual field? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| (ii) | severe peripheral neuropathy? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| (iii) | significant impairment of limb function or joint position sense? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| (iv) | uncontrolled episodes of hypoglycaemia? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| (v) | complete loss of warning symptoms of hypoglycaemia? | yes <input type="checkbox"/> | no <input type="checkbox"/> |

Section 4: Psychiatric Illness

- a) Has the applicant suffered or required treatment for a psychotic illness in the past three years? yes no
- b) Has the applicant required treatment for a psychoneurotic disorder with psychotropic medication within the past six months? yes no
- If 'Yes'
- | | | | |
|------|--|------------------------------|-----------------------------|
| (i) | does the medication cause side effects likely to affect driving ability? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| (ii) | is the condition stable or resolved? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
- c) Is there confirmed evidence of dementia? yes no
- d) In the past three years:
- | | | | |
|------|--|------------------------------|-----------------------------|
| (i) | is there a history of continued alcohol abuse or alcohol dependency? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| (ii) | is there a history of illicit drug or substance use or dependency? | yes <input type="checkbox"/> | no <input type="checkbox"/> |

If 'Yes' to either (i) or (ii) please give dates/details of alcohol intake or type of illicit drug, treatment and compliance with advice:

Section 5: General

- a) Has the applicant a significant disability of the spine or limbs which is likely to interfere with the efficient discharge of his/her duties as a vocational driver? yes no
- b) Is there a history within the past two years of bronchogenic or other malignant tumour with a significant liability to metastasise cerebrally? yes no

If 'Yes', please give dates and diagnosis and state whether there is current evidence of dissemination:

- c) Is there serious difficulty preventing adequate communication by telephone in an emergency? yes no

Section 6: Cardiac

a) Coronary artery disease

Is there a history, or evidence of:-

- | | | | |
|-------|---|------------------------------|-----------------------------|
| (i) | angina pectoris or heart failure (whether or not maintained symptom free by the use of medication)? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| (ii) | myocardial infarction/any episode of unstable angina? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| (iii) | coronary artery bypass graft (CABG)/coronary angioplasty? | yes <input type="checkbox"/> | no <input type="checkbox"/> |

If 'Yes' to (i), (ii) or (iii) please give details/dates:

- | | | | |
|------|---|------------------------------|-----------------------------|
| (iv) | has a resting ECG been performed previously? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| | If 'Yes', did it show pathological Q waves present in three leads or more, or left bundle branch block? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| | Date ECG performed <input style="width: 150px; height: 15px;" type="text"/> | | |
| | (a sight of the ECG tracing would be most helpful for this examination) | | |

Please note that an ECG does not need to be undertaken for this examination

b) Other vascular disorders

Is there a history, or evidence of:-

- | | | | |
|------|--|------------------------------|-----------------------------|
| i) | aortic aneurysm, thoracic or abdominal, with a transverse diameter of 5cm or more (whether or not it has been repaired)? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| ii) | confirmed symptomatic peripheral disease? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| iii) | any other significant vascular disorder (ie Marfans)? | yes <input type="checkbox"/> | no <input type="checkbox"/> |

c) Cardiac arrhythmia and heart block

Is there a history, or evidence of:

- | | | | |
|----|---|------------------------------|-----------------------------|
| i) | significant disturbance of cardiac rhythm within the past five years?
If 'Yes', please give details: | yes <input type="checkbox"/> | no <input type="checkbox"/> |
|----|---|------------------------------|-----------------------------|

- | | | | |
|-----|--|------------------------------|-----------------------------|
| ii) | pacemaker or cardioverter defibrillator insertion? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
|-----|--|------------------------------|-----------------------------|

d) Blood pressure

- | | | | |
|-----|--|------------------------------|-----------------------------|
| i) | Is the casual blood pressure reading (to the nearest 5mm mercury) greater than 200 systolic or over, or 110 diastolic or over? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| ii) | Is there a history, or evidence, of established hypertension, with BP readings consistently greater than 180 systolic or over, or 100 diastolic or over? | yes <input type="checkbox"/> | no <input type="checkbox"/> |

e) Acquired valvular heart disease

- | | | | |
|----|---|------------------------------|-----------------------------|
| i) | Is there a history, or evidence, of acquired valvular heart disease, with or without heart valve replacement? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
|----|---|------------------------------|-----------------------------|

f) Other cardiac conditions

- | | | | |
|----|---|------------------------------|-----------------------------|
| i) | Is there a history, or evidence, of established cardiomyopathy, heart or lung transplant, cardiac surgery other than above, or significant congenital heart disorder? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
|----|---|------------------------------|-----------------------------|

Notes for applicant

If you knowingly give false information in this examination you are liable to prosecution.

Before you can be issued with a licence for a Hackney Carriage or Private Hire vehicle in the Borough of Tunbridge Wells, the Council must be satisfied that you are fit for this type of driving.

If you have any doubts about your fitness, consult your own Doctor **before** you go for an examination.

To make an appointment for the medical examination you may contact your own Doctor or a Doctor listed under the British Medical Association (BMA).

Do not sign the form until you are with the Doctor who is examining you and who will complete the report.

IMPORTANT

By law, you must tell the Council at once if, at any time in the future, you have any serious illness or disability which could affect your driving. This includes mental as well as physical conditions.