Driver Reference Number

Portsmouth CITY COUNCIL

DRIVER MEDICAL EXAMINATION REPORT

Local Government (Miscellaneous Provisions) Act 1976
Town Police Clauses Act 1847

1 Neurological disorders

Please tick ✓ the appropriate box(es)

Is there a history of, or evidence of **any** neurological disorder? Yes ☐ No ☐

If **No**, go to **section 2 Diabetes Mellitus**

If **Yes**, please answer **all** the questions below, give details in **section 6, page 9** and enclose relevant hospital notes. Yes ☐ No ☐

1. Has the applicant had any form of seizure? Yes ☐ No ☐

(a) Has the applicant had more than one attack? Yes ☐ No ☐

(b) Please give date of first and last attack

First attack ☐☐ ☐☐ ☐☐

Last attack ☐☐ ☐☐ ☐☐

(c) Is the applicant currently on anti-epileptic medication? Yes ☐ No ☐

If **Yes**, please fill in current medication in **section 8, page 10**

(d) If no longer treated, please give date when treatment ended

☐☐ ☐☐ ☐☐

(e) Has the applicant had a brain scan? Yes ☐ No ☐

If **Yes**, please give details in **section 6, page 9**

(f) Has the applicant had an EEG? Yes ☐ No ☐

If **Yes** to any of the above, please supply reports if available

2. Stroke or TIA? Yes ☐ No ☐

If **Yes**, please give date

☐☐ ☐☐ ☐☐

Has there been a **FULL** recovery? Yes ☐ No ☐

Has a carotid ultra sound been undertaken? Yes ☐ No ☐

If **Yes**, was the carotid artery stenosis >50% in either carotid artery? Yes ☐ No ☐

Has there been a carotid endarterectomy? Yes ☐ No ☐

3. Sudden and disabling dizziness/vertigo within the last year with a liability to recur? Yes ☐ No ☐

Portsmouth CITY COUNCIL

4. Subarachnoid haemorrhage? Yes ☐ No ☐

5. Serious traumatic brain injury within the last 10 years? Yes ☐ No ☐

6. Any form of brain tumour? Yes ☐ No ☐

7. Other brain surgery or abnormality? Yes ☐ No ☐

8. Chronic neurological disorders? Yes ☐ No ☐

9. Parkinson's disease? Yes ☐ No ☐

10. Is there a history of blackout or impaired consciousness in the last 5 years? Yes ☐ No ☐

11. Does the applicant suffer from narcolepsy? Yes ☐ No ☐

2 Diabetes mellitus

Does the applicant have diabetes mellitus? Yes ☐ No ☐

If **No**, go to **section 3 Psychiatric Illness**

If **Yes**, please answer **all** the questions below.

1. Is the diabetes managed by:

(a) Insulin? Yes ☐ No ☐

If **Yes**, please give date started on insulin

☐☐ ☐☐ ☐☐

(b) If treated with insulin, are there at least 3 continuous months of blood glucose readings stored on a memory meter(s)? Yes ☐ No ☐

If **No**, please give details in **section 6, page 9**

(c) Other injectable treatments? Yes ☐ No ☐

(d) A Sulphonylurea or a Glinide? Yes ☐ No ☐

(e) Oral hypoglycaemic agents and diet? Yes ☐ No ☐

If **Yes** to any of (a)- (e), please fill in current medication in **section 8, page 10**

(f) Diet only? Yes ☐ No ☐

2. (a) Does the applicant test blood glucose at least twice every day? Yes ☐ No ☐

(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 hours while driving)**? Yes ☐ No ☐

(c) Does the applicant keep fast acting carbohydrate within easy reach when driving? Yes ☐ No ☐

(d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving? Yes ☐ No ☐

3. Is there any evidence or impaired awareness of hypoglycaemia? Yes ☐ No ☐

4. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? Yes ☐ No ☐

5. Is there evidence of:

(a) Loss of visual field? Yes ☐ No ☐

(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving? Yes ☐ No ☐

If **Yes** to any of 4-5 above, please give details in **section 6, page 9**

6. Has there been laser treatment or intra-vitreal treatment for retinopathy? Yes ☐ No ☐

If **Yes,** please give date(s) of treatment.

3 Psychiatric illness

Is there a history of, or evidence of, psychiatric illness, drug/alcohol misuse within the last 3 years? Yes ☐ No ☐

If **No**, go to **section 4 Cardiac**

If **Yes**, please answer all questions below

1. Significant psychiatric disorder within the past 6 months? Yes ☐ No ☐

2. Psychosis or hypomania/mania within the past 12 months, including psychotic depression? Yes ☐ No ☐

3. Dementia or cognitive impairment? Yes ☐ No ☐

4. Persistent alcohol misuse in the past 12 months? Yes ☐ No ☐

5. Alcohol dependence in the past 3 years? Yes ☐ No ☐

6. Persistent drug misuse in the past 12 months? Yes ☐ No ☐

7. Drug dependence in the past 3 years? Yes ☐ No ☐

If 'Yes' to any questions above, please provide full details in section 6, page 9, including dates, period of stability and where appropriate consumption and frequency of use.

4 Cardiac

a Coronary artery disease

Is there a history, or evidence of, coronary artery disease? Yes ☐ No ☐

If **No**, go to **section 4b**

If **Yes**, please answer all questions below and give details at **section 6** of the form and enclose relevant hospital notes.

1. Has the applicant suffered from angina? Yes ☐ No ☐
   If **Yes**, please give the date of the last known attack? ☐☐ ☐☐ ☐☐

2. Acute coronary syndrome including myocardial infarction? Yes ☐ No ☐
   If **Yes**, please give date ☐☐ ☐☐ ☐☐

3. Coronary angioplasty (PCI)? Yes ☐ No ☐
   If **Yes**, please give the date of most recent intervention? ☐☐ ☐☐ ☐☐

4. Coronary artery by-pass graft surgery? Yes ☐ No ☐
   If **Yes**, please give date ☐☐ ☐☐ ☐☐

5. If Yes to any of the above, are there any physical health problems (eg mobility/arthritis, COPD) that would make the applicant unable to undertake 9 minutes of the standard Bruce Protocol ETT? Yes ☐ No ☐

b Cardiac arrhythmia

Is there a history, or evidence of, cardiac arrhythmia? Yes ☐ No ☐

If **No**, go to **section 4c**

If **Yes**, please answer all questions below and give details at **section 6, page 9** of the form and enclose relevant hospital notes.

1. Has there been a **significant** disturbance of cardiac rhythm? ie sinoatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in the last 5 years? Yes ☐ No ☐

2. Has the arrhythmia been controlled satisfactorily for at least 3 years? Yes ☐ No ☐

3. Has an ICD or biventricular pacemaker (CRT-D type) been implanted? Yes ☐ No ☐

4. Has a pacemaker been implanted? Yes ☐ No ☐
   If **Yes:**
   (a) Please give date of implantation ☐☐ ☐☐ ☐☐
   (b) Is the applicant free of the symptoms that caused the device to be fitted? Yes ☐ No ☐
   (c) Does the applicant attend a pacemaker clinic regularly? Yes ☐ No ☐

c Peripheral arterial disease (excluding Buerger's disease) aortic aneurysm/dissection

Is there a history, or evidence of, peripheral arterial disease (excluding Buerger's disease), aortic aneurysm/dissection? Yes ☐ No ☐

If **No**, go to **section 4d**

If **Yes**, please answer all questions below and give details at **section 6, page 9** of the form and enclose relevant hospital notes.

1. Peripheral arterial disease (excluding Buerger's disease)? Yes ☐ No ☐

2. Does the applicant have claudication? Yes ☐ No ☐
If **Yes**, how long in minutes can the applicant walk at a brisk pace before being symptom-limited?

3. Aortic aneurysm? Yes ☐ No ☐
If **Yes:**
(a) Site of aneurysm: Thoracic ☐ Abdominal ☐
(b) Has it been repaired successfully? Yes ☐ No ☐
(c) Is the transverse diameter **currently** > 5.5 cm? Yes ☐ No ☐
If **No**, please provide latest measurement and date obtained

4. Dissection of the aorta repaired successfully? Yes ☐ No ☐
If **Yes**, please provide copies of all reports to include those dealing with any surgical treatment.

5. Is there a history of Marfan's disease? Yes ☐ No ☐
If **Yes**, please enclose relevant hospital notes.

d Valvular/congenital heart disease

Is there a history of, or evidence of, valvular/congenital heart disease? Yes ☐ No ☐
If **No**, go to **section 4e**
If **Yes**, please answer all questions below and give details at **section 6, page 9** of the form and enclose relevant hospital notes.

1. Is there a history of congenital heart disease? Yes ☐ No ☐

2. Is there a history of heart valve disease? Yes ☐ No ☐

3. Is there a history of aortic stenosis? Yes ☐ No ☐
If **Yes**, please provide relevant reports.

4. Is there any history of embolism? Yes ☐ No ☐
(**not** pulmonary embolism)

5. Does the applicant currently have significant symptoms? Yes ☐ No ☐

Portsmouth CITY COUNCIL

6. Has there been any progression since the last licence application? (if relevant) Yes ☐ No ☐

e Cardiac other

Is there a history of, or evidence of, heart failure? Yes ☐ No ☐

If **No**, go to **section 4f**

If **Yes**, please answer **all** questions and enclose relevant hospital notes.

1. Established cardiomyopathy? Yes ☐ No ☐

2. Has a left ventricular assist device (LVAD) been implanted? Yes ☐ No ☐

3. A heart or heart/lung transplant? Yes ☐ No ☐

4. Untreated atrial myxoma? Yes ☐ No ☐

f Blood pressure

If resting blood pressure is 180 mm/Hg systolic or more and/or 100m Hg diastolic or more, please take a further 2 readings at least 5 minutes apart and record the best of the 3 readings in the box provided.

1. Please record today's **best resting** blood pressure reading ☐

2. Is the applicant on anti-hypertensive treatment? Yes ☐ No ☐

If **Yes**, please provide three previous readings with dates if available

☐	☐☐	☐☐	☐☐
☐	☐☐	☐☐	☐☐
☐	☐☐	☐☐	☐☐

g Cardiac investigations

Have any cardiac investigations been undertaken or planned? Yes ☐ No ☐

If **No**, go to **section 5 General**

If **Yes**, please answer **all** questions

1. Has a resting ECG been undertaken? Yes ☐ No ☐

If **Yes**, does it show:

(a) pathological Q waves? Yes ☐ No ☐

(b) left bundle branch block? Yes ☐ No ☐

(c) right bundle branch block? Yes ☐ No ☐

If Yes to a, b or c please provide a copy of the relevant ECG report or comment at **section 6, page 9**

2. Has an exercise ECG been undertaken (or planned)? Yes ☐ No ☐

If **Yes**, please give date and give details in **section 6, page 9** ☐☐ ☐☐ ☐☐

Please provide relevant reports if available

3. Has an echocardiogram been undertaken (or planned)? Yes ☐ No ☐

(a) If **Yes**, please give date and give details in **section 6, page 9** ☐☐ ☐☐ ☐☐

(b) If undertaken, is/was the left ejection fraction greater than or equal to 40%? Yes ☐ No ☐

Please provide relevant reports if available

4. Has a coronary angiogram been undertaken (or planned)? Yes ☐ No ☐

If **Yes**, please give date and give details in **section 6, page 9** ☐☐ ☐☐ ☐☐

Please provide relevant reports if available

5. Has a 24 hour ECG tape been undertaken (or planned)? Yes ☐ No ☐

If **Yes**, please give date and give details in **section 6, page 9** ☐☐ ☐☐ ☐☐

Please provide relevant reports if available

6. Has a myocardial perfusion scan or stress echo study been undertaken (or planned)? Yes ☐ No ☐

If **Yes**, please give date and give details in **section 6, page 9** ☐☐ ☐☐ ☐☐

Please provide relevant reports if available

5 General

All questions must be answered. If **Yes** to any, give full details in **section 6 and enclose relevant hospital notes.**

1. Is there a history of, or evidence of, obstructive sleep apnoea syndrome or any other medical condition causing excessive sleepiness? Yes ☐ No ☐

If **Yes**, please give diagnosis

a) If Obstructive Sleep Apnoea Syndrome, please indicate the severity

Mild (AHI <15) ☐

Moderate (AHI 15-29) ☐

Severe (AHI >29) ☐

Not known ☐

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 6.**

b) Please answer questions (i) - (vi) for **all** sleep conditions

(i) Date of diagnosis ☐☐ ☐☐ ☐☐

(ii) Is it controlled successfully? Yes ☐ No ☐

(iii) If **Yes**, please state treatment

(iv) Is applicant compliant with treatment? Yes ☐ No ☐

(v) Please state period of control

(vi) Date of last review ☐☐ ☐☐ ☐☐

2. Is there **currently** any functional impairment that is likely to affect control of the vehicle? Yes ☐ No ☐

3. Is there a history of bronchogenic carcinoma or other malignant tumour with a significant liability to metastasise cerebrally? Yes ☐ No ☐

4. Is there any illness that may cause significant fatigue or cachexia that affects safe driving? Yes ☐ No ☐

5. Is the applicant profoundly deaf? Yes ☐ No ☐

If **Yes**, is the applicant able to communicate in the event of an emergency by speech or by using a device, eg a textphone? Yes ☐ No ☐

6. Does the applicant have a history of liver disease of any origin? Yes ☐ No ☐

If **Yes**, please give details in **section 6**

7. Is there a history of renal failure? Yes ☐ No ☐

If **Yes**, please give details in **section 6**

8. Does the applicant have severe symptomatic respiratory disease causing chronic hypoxia? Yes ☐ No ☐

9. Does any medication currently taken cause the applicant side effects that could affect safe driving? Yes ☐ No ☐

If **Yes**, please provide details of medication and symptoms in **section 6**

10. Does the applicant have any other medical condition that could affect safe driving including the ability to safely convey persons in a wheelchair or to convey persons requiring a guide, hearing or other assistance dog in a licensed vehicle? Yes ☐ No ☐

If **Yes**, please provide details in **section 6**

6 Further details

Please forward copies of relevant hospital notes. Please do not send any notes not related to fitness to drive.

7 Consultants' details

Details of type of specialist(s)/consultants, including address.

Consultant in
Name
Address

Date of last appointment | | | | | | |

Consultant in
Name
Address

Date of last appointment | | | | | | |

Consultant in
Name
Address

Date of last appointment | | | | | | |

8 Medication

Please provide details of all current medication (continue on a separate sheet if necessary)

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

Medication	Dosage

Reason for taking:

Medication	Dosage
Reason for taking:	

Medication	Dosage
Reason for taking:	

9 Additional information

Patient's weight (kg)	
Height (cms)	
Details of smoking habits, if any	
Number of alcohol units taken each week	

CONSENT AND DECLARATION OF PATIENT

Please read the following important information and then sign to confirm the statements below.

Important information about consent

As part of the investigation into your fitness to drive, the council requires you to have a medical examination. The professionals involved will need your background medical details to carry out an appropriate assessment. These may include doctors, opticians or the council's Medical Referee.

We may need to provide information relevant to the assessment of your fitness to drive to other practitioners for information and comment.

Guidance notes are provided for reference and are also contained on the reverse of the "Medical Certificate of Fitness to Drive" which will be signed by your doctor.

Consent and declaration

I authorise my doctor(s) and specialist(s) to release reports/medical information about any condition relevant to my fitness to drive, to the City Council and/or Medical Referee as required.

I declare that I have provided all relevant information to my medical practitioner and that, to the best of my knowledge and belief, the information provided is correct.

I understand that it is a criminal offence to a make a false statement to obtain a hackney carriage or private hire driver licence. This could lead to a prosecution and/or the suspension or revocation of any driver licence previously issued to me by the council.

Name _____

Signature _____

Date _____

NOTES OF GUIDANCE

1. The medical standards for professional drivers are stricter than for ordinary car drivers. If you have **ANY** concerns about your ability to meet the medical or eyesight requirement to the Group 2 vocational standard, please speak with your doctor or optician before you make formal arrangements.

DVLA have provided useful guidance notes (INF4D) about the Group 2 medical examination standards which is available via: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/492335/INF4D_091115.pdf

2. The following conditions **are a bar** to obtaining or holding a private hire or hackney carriage driver licence:

Eyesight - Visual Acuity

All drivers must be able to read in good light with glasses or contact lenses if worn, a car number plate from 20 metres (post 01 September 2001 front) and have eyesight (visual acuity) of 6/12 (decimal Snellen equivalent 0.5) or better.

Applicants must also 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 worse eye
- This may be achieved with or without glasses or contact lenses
- If **glasses** (not contact lenses) are worn for driving, the spectacle prescription of either lenses used must not be of a corrective power greater than **plus 8 (+8)** dioptres in any meridian

If you cannot meet the above standard you may still be able to satisfy the medical standards if:

- You held a driver licence before 01 January 1997
- You have a corrected visual acuity of at least 6/9 (decimal Snellen equivalent 0.6) in the better eye and 6/12 (decimal Snellen equivalent 0.5) in the worse eye ***and***
- An uncorrected visual acuity of 3/60 (decimal Snellen equivalent 0.05) in at least one eye ***or***
- You held a driver licence on 01 March 1992
- You have a corrected visual acuity of at least 6/12 (decimal Snellen equivalent 0.5) using both eyes together
- You have an uncorrected visual acuity of at least 3/60 (decimal Snellen equivalent 0.05) in at least one eye

Eyesight - Visual Field

The horizontal visual field should be at least 160 degrees. The extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.

Eyesight - Monocular Vision

Persons who have sight in one eye only or their sight in one eye has deteriorated to a corrected acuity of less than 3/60 (decimal Snellen equivalent 0.05) cannot normally be licensed ***unless*** they were licensed prior to April 1991 and the council knew you had sight in only one eye before January 1991.

Eyesight - Double Vision

Persons with uncontrolled symptoms of double vision or with double vision treated with a patch will not be granted a licence.

Epilepsy

Persons must have been free from epileptic seizures (major, minor or auras) for at least 10 years without taking any anti-epilepsy medication. If you have a condition that may cause an increased liability to seizures (such as a prior head injury) - the risk of you having a seizure must be no greater than 2% per annum prior to making an application.

An isolated seizure more than 5 years ago may be considered as satisfactory subject to critical examination and positive report(s) by a neurologist. You must satisfy the following criteria:

- No relevant structural abnormality has been found in the brain on imaging
- No definite epileptic activity has been found on EEG examination
- You have not been prescribed medication to treat the seizure for at least 5 years since the seizure

Insulin Treated Diabetes

The council will consider the grant or renewal of driver licences for insulin treated diabetes subject to the following:

- No episodes of hypoglycaemia whilst driving in the last 12 months
- Arrangements are in place to see a hospital consultant specialising in the treatment of diabetes every 12 months
- A consultant's report with a history of responsible diabetic control and evidence of blood glucose records for 3 months must be produced. A glucose meter with a memory function to measure and record blood glucose levels must be used.

Other Medical Conditions

Applicants or licence holders are likely to be refused a driver licence if they cannot meet the recommend medical guidelines for any of the following:

- Within 3 months of a coronary artery bypass graft (CABG)
- Angina, heart failure or cardiac or cardiac arrhythmia which remains uncontrolled
- Implanted cardiac defibrillator
- Hypertension where the blood pressure is persistently 180 systolic or more and/or 100 diastolic or more

- A stroke or transient ischemic attack (TIA) within the last 12 months
- Unexplained loss of consciousness with liability to recurrence
- Meniere's disease, or any other sudden and disabling dizziness or vertigo within the past year, with a liability to recurrence
- Major brain surgery and/or recent severe head injury with serious continuing after-effects or a likelihood of causing seizures
- Parkinson's disease, MS or other chronic neurological disorders with symptoms likely to affect safe driving
- Psychotic illness in the past 12 months
- Serious psychiatric illness
- If major psychotropic or neuroleptic medication is being taken
- Alcohol and/or drug misuse in the past 1 year
- Alcohol and/or drug dependence in the last 3 years
- Dementia
- Cognitive impairment likely to affect safe driving
- Any malignant condition in the last 2 years, with a significant liability to spread to the brain
- Any other serious medical condition likely to affect the safe driving of a licensed vehicle
- Cancer of the lung
- Uncontrolled sleepiness (obstructive sleep apnoea)

Portsmouth City Council will process your personal information in accordance with data protection law. The personal details provided by you will be used for licensing service purposes. Your details will be held on a database and where the law allows, may be shared with other departments within the council to update details they hold about you. The council may also be required to disclose personal information to third parties (such as Police, Department for Work and Pensions or for the National Fraud Initiative) for the purposes of preventing or detecting crime or apprehending or prosecuting offenders.

For further information about how the Council collects and uses personal information please visit our website: https://www.portsmouth.gov.uk/ext/the-council/data-protection-privacy-notice