



**Part B Medical Report (Version 13)**

<b>1. Cardiovascular</b>	<b>YES</b>	<b>NO</b>	<b>NOTES</b>
a) Has the applicant suffered from or been treated for angina pectoris, myocardial infarction or undergone coronary artery surgery (inc. angioplasty) during the last six weeks?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Has the applicant ever suffered from heart failure?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Drivers who have EVER had any of the conditions at a) or b) must have satisfied the exercise testing requirements of the DVLA before licence can be approved</b>			
c) Is the resting BP consistently 180mmHg systolic or more or 100mmHG diastolic or more despite treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Has a pacemaker been fitted within the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Is there an untreated aortic aneurysm?	<input type="checkbox"/>	<input type="checkbox"/>	
f) Is there an arrhythmia which has caused or is likely to cause incapacity?	<input type="checkbox"/>	<input type="checkbox"/>	
g) Has a cardio-defibrillator device (other than a patient activated atrial defibrillator) been implanted?	<input type="checkbox"/>	<input type="checkbox"/>	
h) Is there a history of cardiomyopathy or heart and/or lung transplant?	<input type="checkbox"/>	<input type="checkbox"/>	
i) Is there a history of heart valve disease which has caused symptoms or embolism (If yes, give details)	<input type="checkbox"/>	<input type="checkbox"/>	
j) Is there a complex congenital heart disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Diabetes Mellitus(Questions A&amp;B must be answered)</b>			
a) Is the applicant a diabetic treated by insulin or tablets which carry a risk of inducing hypoglycaemia?(i.e. Sulphonylureas, Glinides etc)	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is the applicant using Continuous Glucose Monitoring Systems (CGMS)?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If Yes to any of the above</b> does the applicant meet the DVLA's current Qualifying Conditions? (If you need a copy of these conditions please contact Licensing Offices WCBC)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Nervous system</b>			
a) Has the applicant had an epileptic attack in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Has the applicant taken any anti-epileptic medication in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Has the applicant suffered a loss of consciousness for which investigations have not revealed a cause in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	

**Note – If Yes answers to any questions please clarify medical conditions**

Doctor's signature

Date

**(Version 13)**

	<b>YES</b>	<b>NO</b>	<b>NOTES</b>
d) Is there a history of narcolepsy, catalepsy or sleep disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Is there any progressive or disabling disorder of the nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	
f) Has there been any liability to sudden attacks of disabling giddiness or fainting in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
g) Has the applicant suffered from a stroke or Transient Ischaemic Attack during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
h) Does the applicant have any permanent disability or continuing significant risk factors following a previous stroke or TIA?	<input type="checkbox"/>	<input type="checkbox"/>	
i) Has the applicant ever had or been treated for an intracranial tumour (other than pituitary) If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	
j) Is there a history of <b>serious</b> head injury?	<input type="checkbox"/>	<input type="checkbox"/>	
k) Is there a history of intracranial haematoma or haemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>	
l) Has the applicant had an intracerebral abscess or subdural empyema in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Psychiatric illness</b>			
a) Has the applicant suffered from an acute psychotic episode of any type or cause during the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is there a significant likelihood of recurrence of any previous psychotic illness?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Has the applicant suffered from severe anxiety state or depressive illness in the last six months? (If applicant maintained on medication but has been well tick "no").	<input type="checkbox"/>	<input type="checkbox"/>	
d) Is there any evidence of an organic brain disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Is there severe learning disability?	<input type="checkbox"/>	<input type="checkbox"/>	
f) Is there a persistent behaviour disorder which may affect behaviour while driving?	<input type="checkbox"/>	<input type="checkbox"/>	
g) Is there a history of the misuse or abuse of drugs or alcohol during the last 3 years? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	

**Note – If Yes answers to any questions please clarify medical conditions**

Doctor's signature

Date

**5. Vision (2013 Revision)**

Please answer all questions. If you do not have the equipment to carry out these checks or if you answer "yes" to any question, then you should refer the applicant to an ophthalmic specialist or optician for an accurate assessment.

	YES	NO	NOTES
a) Is the visual acuity (with spectacles or contact lenses if necessary – lenses must not be of a corrective power greater than plus 8 (+8) dioptries. ) :			
poorer than 6/60 in the worse eye?	<input type="checkbox"/>	<input type="checkbox"/>	
poorer than 6/7.5 in the better eye?:	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is the applicant's vision less than the prescribed standard for reading a number plate?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Does the applicant have monocular vision?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Is there insuperable diplopia or a pathological field defect?	<input type="checkbox"/>	<input type="checkbox"/>	

**6. Other conditions**

	YES	NO	NOTES
a) Has the applicant any significant disability?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is the applicant on <b>any</b> medication which may impair his/her ability to drive safely?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Does the applicant suffer from any disease or disability not mentioned above which is likely to interfere with the safe discharge of his or her duties as a driver, or to cause driving by him or her on a vocational licence to be a source of danger to the public? If yes, please give details	<input type="checkbox"/>	<input type="checkbox"/>	

**Note – If Yes answers to any questions please clarify medical conditions**

**Declaration by examining physician**

**I certify that, at the time of examination, I had possession of the applicant's complete medical history.**

Signed \_\_\_\_\_ Name \_\_\_\_\_

Being a registered medical practitioner who has examined the applicant and with due regard to the advice and guidance appertaining to Group II drivers issued by the DVLA, **I consider the applicant:-\***

**satisfies the medical** requirements to hold a  
to hold a hackney carriage/private hire driver's licence

**does not satisfy the medical** requirements to  
hold a hackney carriage/private hire driver's licence

\* Please tick relevant box

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_  
(BLOCK CAPITALS)

Surgery Stamp

Certificates which are not signed and stamped  
will not be accepted.

A Group 2 medical remains valid to the age of 45 at which time a further Group 2 Medical will be required and every 5 years thereafter until the age of 65. From the age of 65 a Group 2 Medical examination will be required annually. Note Insulin Diabetics will require an Annual Medical.