

Title of Report:	Hackney Carriage Licensing	Item
Report to be considered by:	Licensing	
Date of Meeting:	21 December 2010	
Forward Plan Ref:		

Purpose of Report: To consider allowing Group 2 Driver Medicals to be carried out by the applicants GP for Hackney Carriage and Private Hire Drivers

Recommended Action: To consider the report and options/recommendations provided

Reason for decision to be taken: Request from the Trade Associations

Other options considered: None

Key background documentation: "Fitness to Drive": A Guide for Health Professionals,

The proposals contained in this report will help to achieve the following Council Plan Priority(ies):

- CPP1 – Support our communities through the economic recession** – to alleviate the impact on different communities and individuals who find themselves out of work and/or disadvantaged
- CPP2 – Raise levels of educational achievement** – improving school performance levels
- CPP3 – Reduce West Berkshire’s carbon footprint** – to reduce CO₂ emissions in West Berkshire and contribute to waste management, green travel, transportation and energy efficiency

The proposals will also help achieve the following Council Plan Theme(s):

- CPT1 - Better Roads and Transport**
- CPT2 - Thriving Town Centres**
- CPT3 - Affordable Housing**
- CPT4 - High Quality Planning**
- CPT5 - Cleaner and Greener**
- CPT6 - Vibrant Villages**
- CPT7 - Safer and Stronger Communities**
- CPT8 - A Healthier Life**
- CPT9 - Successful Schools and Learning**
- CPT10 - Promoting Independence**
- CPT11 - Protecting Vulnerable People**
- CPT12 - Including Everyone**
- CPT13 - Value for Money**
- CPT14 - Effective People**
- CPT15 - Putting Customers First**
- CPT16 - Excellent Performance Management**

The proposals contained in this report will help to achieve the above Council Plan Priorities and Themes by:
 allowing the applicants GP to assess their medical fitness to drive a public hire vehicle rather than an Occupational Health Physician, who has no personal knowledge of the applicant and by possibly making medical examinations cheaper.

Portfolio Member Details	
Name & Telephone No.:	Councillor Hilary Cole - Tel (01635) 248542
E-mail Address:	hcole@westberks.gov.uk
Date Portfolio Member agreed report:	10 th December 2010

Contact Officer Details	
Name:	Brian Leahy
Job Title:	Senior Licensing Officer
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Implications

- Policy:** Although the Council has an existing policy of requiring a Group 2 Standard Medical, it is currently required that an Occupational Health Practitioner undertakes the examination.
- Financial:** There are financial implications for the Council should Option 1 be adopted in terms of reduced income. However there would be no payments being made to the Occupational Health Service thus balancing the budget. Should Members choose Option 2 there are no financial implications other than those that currently exist. If there are any financial implications contained within this report this section **must** be signed off by a West Berkshire Group Accountant. Please note that the report cannot be accepted by Policy and Communication unless this action has been undertaken.
- Personnel:** None:
- Legal/Procurement:** The Council has a duty to licence hackney carriage vehicles and may attach conditions to licences as it considers reasonably necessary. The requirement for a medical examination for drivers is such a condition.
- Property:** None
- Risk Management:** None
- Equalities Impact Assessment:** An impact assessment has been carried out. For advice please contact Principal Policy Officer (Equalities) on Ext. 2441.
- Corporate Board's View:** to be completed after the Corporate Board meeting

NOTE: The section below does not need to be completed if your report will not progress beyond Corporate or Management Board.

Is this item subject to call-in?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
<p>If not subject to call-in please put a cross in the appropriate box:</p> <p>The item is due to be referred to Council for final approval <input type="checkbox"/></p> <p>Delays in implementation could have serious financial implications for the Council <input type="checkbox"/></p> <p>Delays in implementation could compromise the Council's position <input type="checkbox"/></p> <p>Considered or reviewed by Overview and Scrutiny Commission or associated Task Groups within preceding six months <input type="checkbox"/></p> <p>Item is Urgent Key Decision <input type="checkbox"/></p>		

Executive Summary

1. Introduction

- 1.1 WBC Licensing Team received a request from the Taxi Trade Associations to allow a driver's GP to carry out a medical test.
- 1.2 This would be a change from current practice which only allows the Royal Berkshire NHS Occupational Health Service (OHS) to carry out medicals for the purposes of issuing the relevant licence.

2. Recommendation

- 2.1 Officers recommend accepting the request from the trade. Accept the request from the trade. Allow drivers to arrange their own medicals with whichever practitioner they choose be it, their own GP, a GP from the same practice or OHS. To use the DVLA standard guidance for medicals and require all drivers to attend a medical upon first licensing and then every 5 years between the ages of 45 and 65 with annual examinations every year when over 65.

Executive Report

3. Introduction

- 3.1 This report explains the current requirements for taxi and private hire drivers to undertake a medical to Group 2 Standards, which is currently carried out by the Royal Berkshire NHS Occupational Health Service (OHS) and a proposal from the Trade Associations to allow a driver's GP to undertake the medical.
- 3.2 The House of Commons Transport Select Committee on taxis and private hire vehicles recommended in February 1995 that taxi licence applicants should pass a medical examination before a licence could be granted.
- 3.3 Responsibility for determining the standards, over and above the driver licensing requirements, rests with the Public Carriage Office in the Metropolitan Area and the local Authority in all other areas. Current best practice advice is contained in the booklet "Fitness to Drive": A Guide for Health Professionals" published on behalf of the Department by The Royal Society of Medicine Press Limited (RMS) in 2006. This recommended that the group 2 medical standards applied by DVLA in relation to bus and lorry drivers, should also be applied by local authorities to taxi and private hire drivers.

4. Background

- 4.1 At a meeting of the Public Protection Committee on 21st June 1999 Members resolved to approve the introduction of medical examinations for all taxi and private hire drivers.
- 4.2 This decision was made in response to the Members considering the following report;
- 4.3 "Both trade associations have agreed that the review of the licensing standards should include requirements for all drivers regardless of age to undergo medical examinations. At present only drivers over 65 are required to undergo annual medical examinations and it is proposed that this continue but with the introduction of a requirement that all drivers under 65 be required to undergo a medical examination every three years, or more frequently if their medical examiner recommends. The cost of such examinations would be borne by the driver". The fee at the time for drivers over 65 was approximately £65.
- 4.4 It would appear that contact was made with the West Berkshire Occupational Health Service (OHS) in February 2000 and an agreement made for them to undertake medicals based upon a three year phase in period, following which every driver would undertake a Group 2 Standard Medical every three years, unless over 65, when the medical would remain at every year. This was to be fully implemented at the end of March 2003. The cost for this would be £45, at the time.
- 4.5 A letter was sent to all taxi and private hire drivers on 3rd March 2000 informing them of this condition.

4.6 Since March 2003 the procedure has remained in place exactly as determined with the exception of medical examinations for those drivers who are being treated for diabetes, using insulin. The full Group 2 recommendation was that all insulin treated diabetics would be refused a Group 2 licence (in this case a taxi or private hire licence) however in 2005 Diabetes UK successfully lobbied the Government and it was agreed that a reduced standard of C1 would be acceptable for insulin dependant drivers subject to all other aspects of Group 2 being met. The Council adopted this standard in September 2005. These medicals are normally carried out annually.

5. Current Situation

5.1 The current fee for an OHS medical is £90. This fee is paid to the Council and OHS invoice the Council monthly.

5.2 The driver will provide the licensing administrator with a photograph of themselves. The photograph and details of the applicant's name, address, receipt number for the fee paid to the Council, date of birth and any known medical conditions will be sent to OHS.

5.3 The driver will then make an appointment with OHS and present him/herself for the examination at the arranged time.

5.4 The OHS will send a report to the Council stating whether or not the applicant is medically fit to drive a taxi/private hire vehicle. The actual medical report is not seen directly by officers due to Doctor/patient confidentiality.

5.5 If the recommendation is fit, the licence will be issued subject to all other requirements being met. If the recommendation is an outright unfit the licence will be refused. There are occasions where the OHS will recommend a referral to the applicant's GP which will result in delays in dealing with the application.

5.6 A medical is required upon first application and then every 3 years at the anniversary of the issue date of the licence and every year once the driver is over 65.

6. Request from the Trade Associations

6.1 Trade Associations believe that the fee is disproportionate to the service that is offered and that a more comprehensive medical could be carried out by the applicants GP using the Group 2 Standard.

6.2 There is also a belief, on the part of the trade, that a medical carried out by the GP could be cheaper than that carried out by OHS.

7. Advantages of accepting the Trade proposal

7.1 The GP would have an intimate knowledge of the driver's medical history and would not, generally, have to refer elsewhere.

7.2 In cases where a specialist medical referral was required, the GP would carry this out directly improving the speed of processing licences.

- 7.3 It is possible that driver applicants could negotiate a fee for the medical.
- 7.4 The medical could be arranged at a time and date which is advantageous to the applicant.
- 7.5 The applicant would be able to present the medical report directly to the licensing officer with the application form, thus reducing any delay in the procedure for issue.
- 7.6 If Group 2 Standards are adopted fully, then the frequency of medical examination would change from 3 years to 5 but would remain at annually for those over 65. This, if adopted, would result in reducing the cost to the trade.

8. Disadvantages of accepting the Trade proposal

- 8.1 Some GP's may not be fully aware of the Group 2 Standards. In making this statement officers intend no aspersions against any medical practitioner.
- 8.2 Based on the Group 2 Standard the frequency of examination would change from 3 years to 5 for those drivers between 45 to 65 but would remain annual for those over 65.
- 8.3 Increased likelihood of inconsistency between tests. This is anticipated due to variety of individuals/organisations undertaking the tests.
- 8.4 Licensing Officers lose the single point of contact for information about medicals. They would be dependant upon the applicant keeping the Council aware of the details of the GP with whom they have consulted.
- 8.5 A significant reduction in trade for the OHS could result in the service being lost altogether. This would reduce options for drivers not wishing to use GP services.

9. Options

9.1 Option 1

- (1) Accept the request from the trade. Allow drivers to arrange their own medicals with whichever practitioner they choose as long as it is their own GP, a GP from the same practice or OHS. To use the DVLA standard guidance for medicals and require all drivers to attend a medical upon first licensing and then every 5 years between the ages of 45 and 65 with annual examinations every year when over 65.

9.2 Option 2

- (1) Reject the request from the trade. Keep the current arrangement with all drivers attending OHS for their medicals at the frequency of examination of on first being licensed and then every 3 years up to age 65, when examination would become every year.

8. Recommendations

- 8.1 Officers recommend option 1.

Appendix A: Draft pro forma medical report form

Local Stakeholders: *West Berkshire Hackney Carriage & Private Hire Drivers.
CABCO Members Association.
West Berkshire Hackney & Private Hire Association
West Berkshire Executive Hire Association*

Officers Consulted: *Paul Anstey*

APPENDIX A

GROUP 2 MEDICAL STANDARDS EXAMINATION REPORT FORM

Notes

Section 57 Local Government (Miscellaneous Provisions) Act 1976 allows for a council to require an applicant for a hackney carriage or private hire driver's licence to provide a Medical Examination Certificate to the effect that the applicant is physically fit to be the driver of such vehicle.

This form should be presented to the applicants own General Practitioner (GP), or a GP from the same practice. The doctor completing the medical must have been in possession of the applicants clinical records for the past 12 months and be fully aware of their medical history at the time of the examination. In the case of the applicant wishing to have his/her medical carried out by the Occupational Health Service please contact the Licensing Administrator for details.

A medical examination will be required at first licensing as a driver and then every 5 years up to the age of 65 when the examination will be required every year.

The fee for the medical must be arranged with the GP or in the case of an applicant who wishes to attend Occupational Health, the fee current at the time, must be paid to the Council when submitting the application.

The Council's officers are not legally allowed to complete or amend forms on behalf of applicants.

Any apparent changes, erasures or disfiguring of the form may be taken up with the GP signing the form.

GUIDANCE NOTES:

Applicant

- 1. Before consulting your GP please read Notes for Drivers below.**
- 2. If after reading these notes you believe that you may not meet any of the standards outlined, you should contact your GP or Optician prior to attending for the medical as the GP may charge you a re-examination fee should you not meet the required medical standard.**
- 3. West Berkshire Council have no control over any fee charged for a medical examination and applicants are strongly advised to enquire of their medical practice what the fee will be, including any re-examination if found necessary.**
- 4. You must complete section 2 of the form in the presence of the GP carrying out the examination.**
- 5. Submit the medical form to the Council together with the driver licence application form and other required information.**

General Practitioner

- 6. Please complete sections 1-7 and 9 of the medical questionnaire.**
- 7. You may wish to have regard to the DVLA's "At a Glance Guide to the Current Medical Standards of Fitness to Drive" publication. This is available from the "medical rules for all drivers" section at www.directgov.uk/motoring.**
- 8. The Council only require medical information which may or is likely to affect a persons fitness to drive a vehicle covered by Group 2 standards.**
- 9. The doctor completing the medical record must have been in possession of the applicants clinical records for the past 12 months and be fully aware of the applicants medical history at the time of the examination.**
- 10. Please return the completed form to the patient for submission to West Berkshire Council as part of the licensing application.**

Medical Notes for Drivers

Medical standards for drivers of hackney carriages and private hire vehicles are the same as those for heavy goods vehicles and Public Service vehicles. These are known as Group 2 Standards and are greater than those required for a standard DVLA driver licence. Notwithstanding the 5 yearly medical, you should be aware that certain medical conditions occurring within the period between medicals may have to be reported to DVLA and must also be reported to the Licensing Team at West Berkshire Council.

The following conditions may be likely to be a bar to holding or being issued a hackney carriage or private hire driver's licence.

- Epileptic Attack
- Diabetes
- Eyesight
- Myocardial infarction, unstable angina CABG or coronary angioplasty
- significant disturbance of cardiac rhythm within the last 5 years
- suffering from or receiving medication for angina or heart failure
- Hypertension where the BP is persistently 180 systolic or 100 diastolic or over
- a stroke or TIA within the last 12 months.
- unexplained loss of consciousness within the last 5 years
- Menieres and other conditions causing disabling vertigo, within the last 12 months and with a liability to recurrence
- recent severe head injury with serious continuing after effects or major brain surgery
- Parkinson's disease, multiple sclerosis or other "chronic" neurological disorders likely to affect limb power and coordination
- suffering from a psychotic illness in the past 3 years or suffering from dementia
- alcohol dependency or misuse or persistent drug or substance misuse or dependency in the past 3 years

This list is not exhaustive and is only intended as an information guide to applicants.

Property and Public Protection
Environmental Health & Licensing
West Berkshire District Council
Council Offices
Faraday Road Newbury
Berkshire RG14 2AF
Tel: 01635 42400 Fax: 01635 519172

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 Hackney Carriage and / or Private Hire.

This form is to be completed by the applicant's own General Practitioner (GP) or another GP within the same practice and is for the confidential use of the Licensing Authority.

A Group II Medical Report Form is be required every 5 years until the age of 65. From the age of 65 a Group II Medical Report Form will be required annually.

Any fee charged is payable by the applicant directly to the Doctor.

- PLEASE COMPLETE IN BLOCK CAPITAL LETTERS IN BLACK INK

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

Medical Examination Report
To be filled in by the Doctor

The Patient must fill in sections 9 and 10 in the Doctor's presence (please use black ink)

- Please answer **all** questions.

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

Is the urine analysis positive for Glucose? (please tick <input type="checkbox"/> appropriate box)	YES	NO
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Details of type of specialist(s)/ consultants, including address

1.	2.	3.	4.

Date of last Appointment

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Date when first licensed to drive a motor vehicle

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1. Vision

Please tick the appropriate

1. Is the visual acuity at least 6/9 in the better eye and at least 6/ 12 in the other? (corrective lenses may be worn) as measured with the full size 6m snellen chart	YES	NO
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2. Do corrective lenses have to be worn to achieve this standard? If YES , is the:-	YES	NO
(a) uncorrected acuity at least 3/ 60 in the right eye?	YES	NO
(b) uncorrected acuity at least 3/ 60 in the left eye? (3/60 being the ability to read the 6/60 line of the full size 6m Snellen chart at 3 metres)	YES	NO
(c) correction well tolerated?	YES	NO

3. Please state the visual acuities of each eye in terms of the 6m Snellen chart. Please convert any 3 metre readings to the 6 metre equivalent.			
Uncorrected		Corrected (if applicable)	
Right	Left	Right	Left

4. Is there a defect in the patient's binocular field of vision (central and/or peripheral)?	YES	NO
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5. Is there diplopia? (controlled or uncontrolled)?	YES	NO
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6. Does the patient have any other ophthalmic condition? If YES to 4, 5 or 6 please give details in Section 7 and enclose any relevant visual field charts or hospital letters.	YES	NO
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2. Nervous System

1. Has the patient had any form of epileptic attack? If YES , please answer questions a-f	YES	NO
	YES	NO

(a) Has the patient had more than one attack?		
(b) Please give date of first and last attack		
First attack		Last attack
(c) Is the patient currently on anti-epilepsy medication? If Yes , please fill in current medication on the appropriate section on the front of this form	YES	NO
(d) If treated, please give date when treatment ended		
(e) Has the patient had a brain scan? If Yes , please state:	YES	NO
MRI	Date	
CT	Date	
	Please supply reports if available	
(f) Has the patient had an EEG?	YES	NO
If Yes , please provide dates Please supply reports if available		

2. Is there a history of blackout or impaired consciousness within the last 5 years?	YES	NO
If YES , please give date(s) and details in Section 7		

3. Is there a history of, or evidence of any of the conditions listed at a–g below? If NO , go to Section 3 . If YES , please tick the relevant box(es) and give dates and full details at Section 7 and supply any relevant reports.	YES	NO
(a) Stroke / TIA <i>please delete as appropriate</i>	YES	NO
If YES , please give date		has there been a
full recovery?		
(b) Sudden and disabling dizziness/vertigo within the last 1 year with a liability to recur	YES	NO
(c) Subarachnoid haemorrhage	YES	NO
(d) Serious head injury within the last 10 years	YES	NO

(e) Brain tumour, either benign or malignant, primary or secondary	YES	NO
(f) Other brain surgery/abnormality	YES	NO
(g) Chronic neurological disorders e.g. Parkinson's disease, Multiple Sclerosis	YES	NO

3. Diabetes Mellitus

<p>1. Does the patient have diabetes mellitus? If NO, please go to Section 4.</p> <p>If YES, please answer the following questions.</p>	Y ES	NO
<p>2. Is the diabetes managed by:-</p> <p>(a) Insulin? If YES, please give date started on insulin</p> <p>(b) Exenatide / Byetta</p> <p>(c) Oral hypoglycaemic agents and diet? If YES, please fill in current medication on the appropriate section on the front of this form.</p> <p>(d) Diet only?</p>	YES YES YES YES	NO NO NO NO
3. Does the patient test blood glucose at least twice every day?	YES	NO
<p>4. Is there evidence of:-</p> <p>(a) Loss of visual field?</p> <p>(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?</p> <p>(c) Diminished/Absent awareness of hypoglycaemia?</p>	YES YES YES	NO NO NO
<p>5. Has there been laser treatment for retinopathy?</p> <p>If YES, please give date(s) of treatment</p>	YES	NO
<p>6. Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party?</p> <p>If YES to any of 4–6 above, please give details in Section 7</p>	YES	NO

4. Psychiatric Illness

<p>Is there a history of, or evidence of any of the conditions listed at 1–7 below? If NO, please go to Section 5.</p> <p>If YES please tick the relevant box(es) below and give date(s), prognosis, period of stability and details of medication, dosage and any side effects in Section 7.</p> <p>NB. Please enclose relevant hospital notes.</p> <p>NB. If patient remains under specialist clinic(s) ensure details are filled in at the top of page 1</p>	YES	NO
1. Significant psychiatric disorder within the past 6 months	YES	NO
2. A psychotic illness within the past 3 years, 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 dependency in the past 3 years	YES	NO
6. Persistent drug misuse in the past 12 months	YES	NO
7. Drug dependency in the past 3 years	YES	NO

5. Cardiac

<p>Is there a history of, or evidence of, Coronary Artery Disease? If NO, go to Section 5B.</p> <p>If YES please answer all questions below and give details at Section 7 of the form and enclose relevant hospital notes.</p>	YES	NO
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5a Coronary Artery Disease

<p>1. Acute Coronary Syndromes including Myocardial Infarction? If Yes, please give date(s)</p>	YES	NO

2. Coronary artery by-pass graft surgery? If Yes , please give date(s)	YES	NO
3. Coronary Angioplasty (P.C.I) If Yes , please give date of most recent intervention	YES	NO
4. Has the patient suffered from Angina? If Yes , please give the date of the last known attack	YES	NO

Please go to next Section 5B

5b Cardiac Arrhythmia

Is there a history of, or evidence of, cardiac arrhythmia? If NO , go to Section 5C . If YES please answer all questions below and give details in Section 7 of the form.	YES	NO
1. Has there been a significant disturbance of cardiac rhythm? i.e. Sinatrial disease, significant atrio-ventricular conduction defect, atrial flutter/fibrillation, narrow or broad complex tachycardia in last 5 years	YES	NO
2. Has the arrhythmia been controlled satisfactorily for at least 3 months?	YES	NO
3. Has an ICD or biventricular pacemaker (CRST-D type) been implanted?	YES	NO
4. Has a pacemaker been implanted? If YES :- (a) Please supply date (b) Is the patient free of symptoms that caused the device to be fitted? (c) Does the patient attend a pacemaker clinic regularly?	YES YES YES	NO NO NO

Please go to Section 5C

5c Peripheral Arterial Disease (excluding Buerger's Disease) Aortic Aneurysm/Dissection

Is there a history or evidence of ANY of the following:	YES	NO
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<p>If YES please tick <input type="checkbox"/> ALL relevant boxes below, and give details in Section 7 of the form. If NO go to Section 5D.</p>		
<p>1. PERIPHERAL ARTERIAL DISEASE (excluding Buerger's Disease)</p>	YES	NO
<p>2. Does the patient have claudication? If YES for how long in minutes can the patient walk at a brisk pace before being symptom limited? Please give details</p>	YES	NO
<p>3. AORTIC ANEURYSM</p> <p>IF YES:</p> <p>(a) Site of Aneurysm: Thoracic / Abdominal</p> <p>(b) Has it been repaired successfully?</p> <p>(c) Is the transverse diameter currently > 5.5cms?</p> <p>If NO, please provide latest measurement and date obtained</p>	YES	NO
<p>4. DISSECTION OF THE AORTA REPAIRED SUCCESSFULLY: If yes please provide copies of all reports to include those dealing with any surgical treatment.</p>	YES	NO

Please go to Section 5D

5D Valvular/Congenital Heart Disease

<p>Is there a history of, or evidence, of valvular/congenital heart disease? If NO, go to Section 5E</p> <p>If YES please answer all questions below and give details in Section 7 of the form.</p>	YES	NO
<p>1. Is there a history of congenital heart disorder?</p>	YES	NO
<p>2. Is there a history of heart valve disease?</p>	YES	NO
<p>3. Is there any history of embolism? (not pulmonary embolism)</p>	YES	NO
<p>4. Does the patient currently have significant symptoms?</p>	YES	NO
<p>5. Has there been any progression since the last licence application?</p>	YES	NO

(if relevant)		
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Please go to section 5E

5e Cardiac Other

Does the patient have a history of ANY of the following conditions:	YES	NO
(a) a history of, or evidence of heart failure?	YES	NO
(b) established cardiomyopathy?	YES	NO
(c) a heart or heart/ lung transplant?	YES	NO
If YES please give full details in Section 7 of the form. If NO, go to section 5F		

5f Cardiac Investigations

This section must be filled in for all patients

1. Has a resting ECG been undertaken?	YES	NO
If YES , does it show:-	YES	NO
(a) pathological Q waves?	YES	NO
(b) left bundle branch block?	YES	NO
(c) right bundle branch block?	YES	NO
2. Has an exercise ECG been undertaken (or planned)?	YES	NO
If YES , please give date _____ and give details in Section 7		
<i>Please provide relevant reports if available</i>		
3. Has an echocardiogram been undertaken (or planned)?	YES	NO
(a) If YES , please give date _____ and give details in Section 7		
(b) If undertaken, is/was the left ventricular ejection fraction greater than or equal to 40%?		
<i>Please provide relevant reports if available</i>		

<p>4. Has a coronary angiogram been undertaken (or planned)?</p> <p>If YES, please give date and give details in Section 7</p> <p><i>Please provide relevant reports if available</i></p>	and	YES	NO
<p>5. Has a 24 hour ECG tape been undertaken (or planned)?</p> <p>If YES, please give date and give details in Section 7</p> <p><i>Please provide relevant reports if available</i></p>	and	YES	NO
<p>6. Has a Myocardial Perfusion Scan or Stress Echo study been undertaken (or planned)?</p> <p>If YES, please give date and give details in Section 7</p> <p><i>Please provide relevant reports if available</i></p>	and	YES	NO

Please go to Section 5G

5g Blood Pressure

This section must be filled in for all patients

1. Is today's best systolic pressure reading 180mm Hg or more?		YES	NO
2. Is today's best diastolic pressure reading 100mm Hg or more?		YES	NO
3. Is the patient on anti-hypertensive treatment?		YES	NO
<p>If YES, to any of the above, please provide three previous readings with dates, if available</p>			
1.	2.	3.	

6. General

<p>Please answer all questions in this section. If your answer is 'YES' to any of the questions, please give full details in Section 7.</p>	YES	NO

<p>1. Is there currently a disability of the spine or limbs, likely to impair control of the vehicle?</p>	<p>YES</p>	<p>NO</p>
<p>2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally?</p> <p>If YES, please give dates and diagnosis and state whether there is current evidence of dissemination</p> <p>(a) Is there any evidence the patient has a cancer that causes fatigue or cachexia that affects safe driving?</p>	<p>YES</p>	<p>NO</p>
<p>3. Is the patient profoundly deaf? If YES, is the patient able to communicate in the event of an emergency by speech or by using a device, e.g. a textphone?</p>	<p>YES</p>	<p>NO</p>
<p>4. Is there a history of either renal or hepatic failure?</p>	<p>YES</p>	<p>NO</p>
<p>5. Is there a history of, or evidence of sleep apnoea syndrome? If YES, please provide details</p> <p>(a) Date of diagnosis</p> <p>(b) Is it controlled successfully?</p> <p>(c) If YES, please state treatment</p> <p>(d) Please state period of control</p> <p>(e) Please provide neck circumference</p> <p>(f) Please provide girth measurement in cms</p> <p>(g) Date last seen by consultant</p>	<p>YES</p>	<p>NO</p>
<p>6. Does the patient suffer from narcolepsy/cataplexy? If YES, please give details in Section 7</p>	<p>YES</p>	<p>NO</p>
<p>7. Is there any other Medical Condition, causing excessive daytime sleepiness?</p>	<p>YES</p>	<p>NO</p>

<p>If YES, please provide details</p> <p>(a) Diagnosis</p> <p>(b) Date of diagnosis</p> <p>(c) Is it controlled successfully?</p> <p>(d) If YES, please state treatment</p> <p>(e) Please state period of control</p> <p>(f) Date last seen by consultant</p>		
<p>8. Does the patient have severe symptomatic respiratory disease causing chronic hypoxia?</p>	YES	NO
<p>9. Does any medication currently taken cause the patient side effects that could affect safe driving? If YES, please provide details of medication</p>	YES	NO
<p>10. Does the patient have any other medical condition that could affect safe driving? If YES, please provide details</p>	YES	NO
<p>7. Please forward copies of relevant hospital notes only if deemed necessary. Please do not send any notes not related to fitness to drive.</p>		

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8. Medical Practitioner Details

To be filled in by Doctor carrying out the examination

Name	Surgery Stamp or GMC Registration Number
Address	
Email address	
Fax number	

Signature of Medical Practitioner	Date of Examination

9. Patients Details

To be filled in in the presence of the Medical Practitioner carrying out the examination

Your full name	Date of Birth
Your address	Home phone number
	Work/Daytime number
	Email address

Please make sure that you have printed your name and date of birth on each page before sending this form with your application.

10 Patient's consent and declaration

Consent and Declaration

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

Consent and Declaration

I authorise my Doctor(s) and Specialist(s) to release report/medical information about my condition, relevant to my fitness to drive, to West Berkshire Council should the Council believe it necessary, to determine a licence application.

I authorise West Berkshire Council to release medical information to my Doctor(s) and or Specialist(s) about the outcome of my 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.

"I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution."

Signature	Date

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