

Medical Declaration

Lancaster City Council has adopted the DVLA 'Group 2' medical standards of fitness. This is the standard applied to all private hire drivers, both first grant and renewal

During the current pandemic you must now confirm your medical fitness by completing the Medical Declaration form below. This form is for you to complete. Please provide as much detail on all medical conditions, treatments or treatment plans. If you do identify a change in medical condition, then the final page of this document- Medical Fitness, must be completed by your Doctor (please see the section headed '**Medical Fitness**').

All enquiries regarding medical standards must be directed to the Licensing Team by email to licensing@lancaster.gov.uk

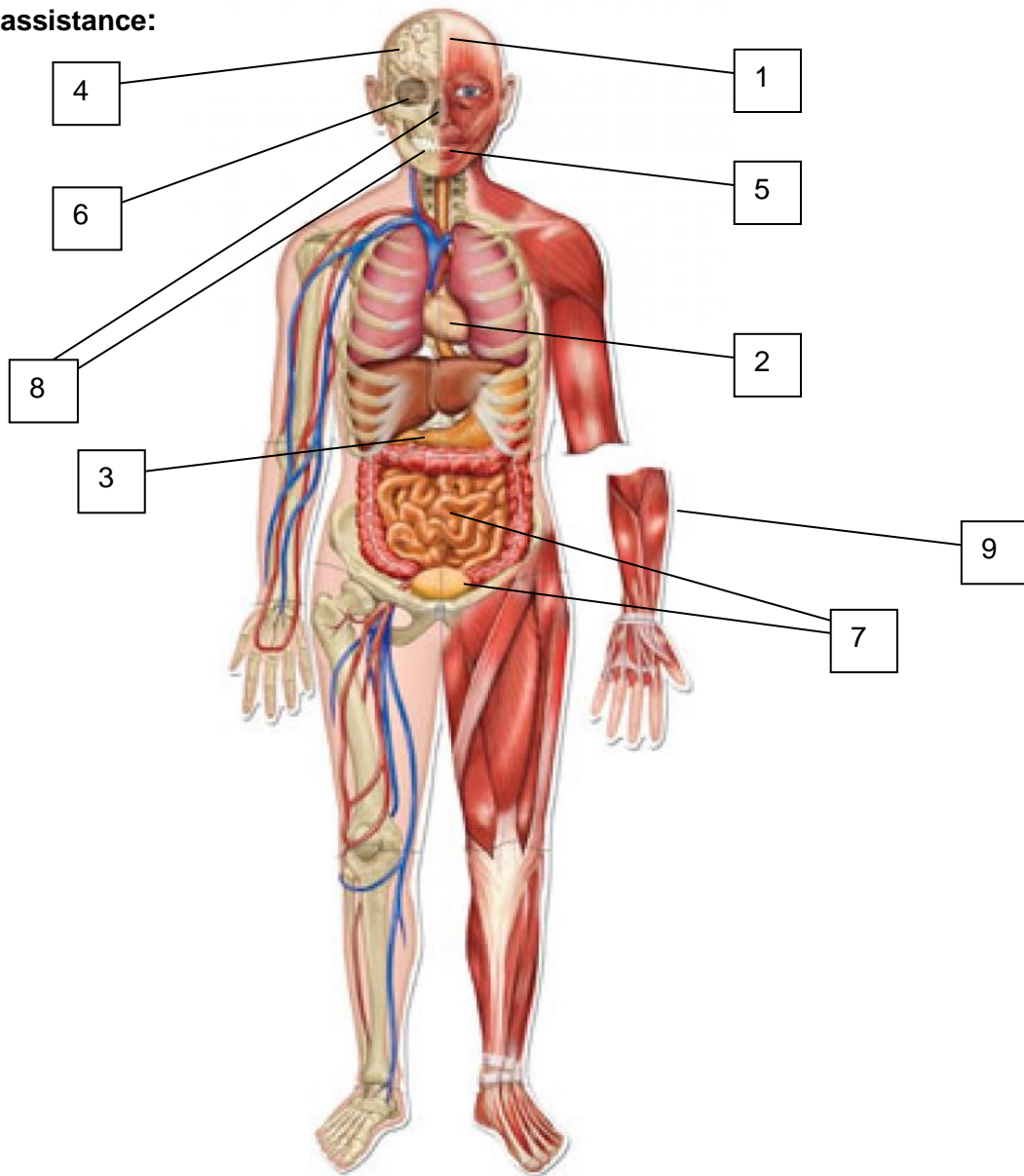
YOU THE APPLICANT MUST COMPLETE THIS MEDICAL DECLARATION AND NOT YOUR DOCTOR. PLEASE COMPLETE IN BLOCK CAPITALS, BLACK INK AND DO NOT LEAVE ANY PARTS UNANSWERED:

Full name:	
Address:	
Date of birth:	

Your health - if you are unclear about any of the medical conditions listed below please ask your medical professional for assistance:

Place tick (✓) the box to confirm condition	Type of Condition	For example (for full details of all medical condition and fitness to driver please see the DVLA 'Assessing fitness to drive – a guide for medical professionals' available to view at www.gov.uk/government/publications/at-a-glance)
	1. Neurological disorders	Epilepsy, blackouts, narcolepsy and sleep disorders, multiple sclerosis, Parkinson's disease, cerebrovascular disorders / stroke.
	2. Cardiovascular disorder	Ischaemic heart disease, heart rhythm disorders, vascular heart disease, heart attack, angina, pace maker, atrial defibrillator, CABG, Stent.
	3. Diabetes	IDD (Insulin dependent diabetes) and NIDD (non-insulin dependent diabetes).
	4. Psychiatric disorders	Neuroses, psychoses, dementia, depression, delusions.
	5. Drugs and alcohol misuse and dependency	Drink drive offenders, seizures associated with, drug misuse and dependency, alcohol misuse and dependency, spent time in a rehabilitation unit.
	6. Visual disorders	Vision acuity, visual field, please note for corrective lenses regular eye tests must be undertaken.
	7. Renal disorders	Kidney failure, dialysis, urinary tract disorders.
	8. Respiratory and sleep disorders	Sleep apnoea syndrome, cough syncope.
	9. A disability	Limb disabilities, spinal disability, amputation, arthritis, multiple sclerosis, motor neurone disease, cerebral palsy, peripheral neuropathy.
	10. Miscellaneous conditions	Aids syndrome, age, transplants, cancer, deafness or any other medical matter that may call in to question your fitness

Diagram for assistance:



Please now provide further details of any medical condition(s) and treatment received for any item you have ticked (✓) in the table above. Ensure you provide dates of diagnosis and treatment, including any treatment plan. Supply as much detail and include any condition not covered in the table, which you feel may impact on your ability to meet the required standard, or would impede your ability to carry out the duties of a private hire driver (please use the continuation sheet at the end of the application form if necessary):

27. DECLARATION:

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ANSWERS GIVEN IN THIS APPLICATION FORM ARE TRUE. I UNDERSTAND THAT IF I KNOWINGLY OR RECKLESSLY MAKE A FALSE STATEMENT OR OMIT ANY MATERIAL PARTICULAR FROM ANY PART OF THE APPLICATION, WHICH INCLUDES A MEDICAL DECLARATION AND CONVICTION DECLARATION, OR ANY OTHER DOCUMENT SUBMITTED IN SUPPORT OF THIS APPLICATION, I SHALL BE GUILTY OF AN OFFENCE WHICH IS PUNISHABLE BY A FINE OF UP TO £1000.00.

Signature: Date:

Print Name:

Medical Fitness (only to be completed if a medical condition has been identified above and if completed must be completed by GP)

If a medical condition(s) has been identified above then your doctor must complete the Statement of Fitness form below.

The Statement of Fitness form can only be completed by the Doctor that you have been registered with for the last twelve months and the Doctor must confirm that they have access to your medical records and that you meet the DVLA Group 2 Medical Standards.

www.gov.uk/government/publications/at-a-glance.

Doctors full name:	
Patients full name:	
Patients date of birth:	
Patients address:	
Medical condition(s):	
Treatment(s):	
Additional information (please continue on additional sheet if necessary and please number all additional sheets and insert number of sheets here):	
<p>In assessing the medical fitness to hold a licence to drive a private hire/hackney carriage vehicle, I have applied the current best practise advice contained in the booklet "Fitness to Drive": I understand that this recommends 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 drivers. I confirm that for the patient detailed above I have access to their medical records and can confirm that the patient is medically fit to undertake the duties of a hackney carriage/private hire driver and to drive a hackney carriage/private hire vehicle and meets the requirement of the DVLA Group 2 Medical Standards and I am aware that this licence can be issued for a period of up to three years.</p>	
Doctors signature:	Date:
Practice address or practice stamp:	