

Form PH/HC MA1

Medical Fitness to Drive for Hackney Carriage and Private Hire Drivers

This form should be completed by the Registered Medical Practitioner and is additional to the medical assessment D4 form used to record medical fitness to drive details.

Background Information. Harlow Council licenses hackney carriage and private hire drivers. The legislation allows the licensing authority to attach conditions to driver licences.

The UK medical standards for driver licensing refer to Group 1 and Group 2 licence holders. The DVLA guidance on the assessment of fitness to drive may be found at: www.gov.uk/dvla/fitnesstodrive.

A Group 2 medical assessment is a higher standard normally used for the medical assessment of bus and lorry drivers. Harlow Council has decided to attach licence conditions which require that licensed taxi and private hire drivers pass a 'Group 2' medical assessment on application for a licence and thereafter at not more than five yearly intervals. The medical assessment must be conducted by a registered medical practitioner and be recorded on DVLA form D4.

The information will be used by the Licensing Team to verify that the driver is medically fit to drive a taxi or private hire vehicle. This form must be fully completed, stamped and signed. Incomplete forms will not be accepted. Harlow Council reserves the right to not licence a driver where the Council has information which gives rise to further concern about driver medical fitness to drive. The Council does not need to see a copy of the D4 assessment form.

In signing this form, the applicant gives his/her permission for the Council to discuss the applicant's fitness to drive with the registered medical practitioner.

Name of driver/applicant: _____

Signature of driver/applicant: _____ age: _____

Address: _____ Postcode: _____

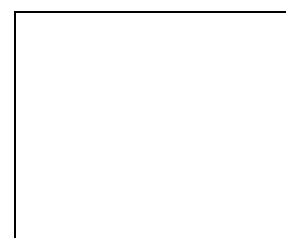
Name of Medical Practitioner: _____

Stamp

Practice name: _____

Practice address: _____ Postcode: _____

Medical Practitioner signature: _____ Date: _____



I recommend that the diver/applicant be medically assessed;

Annually Every 5 years At intervals not exceeding _____ months

I certify that I have this day examined the driver/applicant who has signed this form in my presence. I have/have not (delete as appropriate) had access to the applicant's medical records.

In my opinion the driver/applicant meets the Group 2 fitness criteria. Yes No

Comments: