

<b>TITLE</b>	<b>Hackney Carriage and Private Hire Driver Licensing - Medicals</b>
<b>FOR CONSIDERATION BY</b>	Licensing and Appeals Committee on 17 September 2013
<b>WARD</b>	Non specific
<b>STRATEGIC DIRECTOR</b>	Paul Anstey Joint Service Delivery Manager

#### **OUTCOME / BENEFITS TO THE COMMUNITY**

To consider changing the driver medical examination from the Royal Berkshire Occupational Health Service to the drivers own General Practitioners.

#### **RECOMMENDATION**

Members are asked to agree, in principle, to authorise officers to consult with the trade and bring the matter back to the December Licensing and Appeals Committee Meeting for a final decision.

#### **SUMMARY OF REPORT**

##### **Introduction**

1.1 This report explains the policy and administrative 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 to suggest a change to that policy.

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.

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 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 and private hire drivers.

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 dependent drivers subject to all other aspects of Group 2 being met. The C1 category medicals are normally carried out annually.

## 2. Background

- 2.1 Wokingham Borough Council currently uses the OHS to carry out medicals and report their findings to the Council before any decision is taken to either issue or renew a licence.
- 2.2 At present, each applicant, on first application and at the intervals indicated below must complete a satisfactory medical examination by Wokingham Borough Council's nominated occupational health doctor. An authorised officer of Wokingham Borough Council will arrange the appointment. Once a licence has been granted, medical examinations will be required at the following intervals;

AGE	FREQUENCY
18 years to 49 years	Every 5 years
50 years to 65 years	Every 3 years
65 years +	Annually

- 2.3 The driver pays the Council for the medical and this money is held until the Council receives a demand for payment from occupational health.
- 2.4 The medical fee currently stands at £103 for new applicants and £120 for existing drivers (£120 includes a £17 administration fee) and this is billed to the Council at quarterly intervals by the OHS.
- 2.5 This arrangement can, and did create a problem for the Council at the end of the 2012/13 financial year, in that the bill was submitted sometime after the 2012/13 accounts had been signed off internally.
- 2.6 The driver will complete a medical form (Appendix 1) which will be scanned and e-mailed to the OHS. The form provides details of the applicant's name, address, date of birth and any known medical conditions. A photograph of the applicant, taken by the licensing administrator, will be attached to the medical form. The driver is given a choice of times and dates for attendance at the examination.
- 2.7 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.
- 2.8 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.

## 3 Proposed Changes

- 3.1 To allow drivers to arrange their own medicals with whichever practitioner they choose from the following: their own GP, a GP from the same practice or OHS.

In the case of the GP or a GP from the applicant's own practice, the doctor would have the applicant's full medical history available to them and would not generally have to refer elsewhere.

- 3.2 Where a specialist medical referral were required, the GP would carry this out directly, whereas at present the OHS Physician has to write to the driver's GP who would then provide either direct medical information or make a further referral to a consultant. This often creates delays in processing applications.
- 3.3 It is probable that driver licence applicants could negotiate a fee for the medical which is less than that that charged by the OHS.
- 3.4 The medical could be arranged at a time and date which is advantageous to the applicant. The fee for the medical would be paid directly to the Doctor or OHS, if OHS was their preferred option.
- 3.5 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.

### **Analysis of Issues**

#### **4. Merits and Benefits to the Council**

- 4.1 By adopting the proposals the Council would save an inordinate amount of officer time in administration and would not have to involve itself in any second party financial dealings. The amount of saved administration time would out way the financial loss of the administration fee.
- 4.2 Although the Shared Environmental Health & Licensing Service comes secondary to any Member decision licensing function, the aims and objectives of the service are to reduce costs wherever possible.
- 4.3 In the immediate term there would be no cost savings directly to the trade however the reduced admin burden would benefit both the trade and the Council by allowing more time to deal with other taxi regulatory functions. It would also speed up the process of applying for a licence or a renewal.

### **FINANCIAL IMPLICATIONS OF THE RECOMMENDATION**

	How much will it Cost	Is there sufficient funding – if not quantify the Shortfall	Revenue or Capital?
Current Financial Year (Year 1)	£969		Revenue
Next Financial Year (Year 2)	£1,428		
Following Financial Year (Year 3)	£1,649		

#### **Other financial information relevant to the Recommendation/Decision**

Budget line for medicals is currently cost neutral. This line will be rescinded if the proposal is adopted.

<b>Cross-Council Implications</b> (how does this decision impact on other Council services and priorities?)
This decision would match the medical administration and examinations across both Wokingham and West Berkshire Councils.

<b>Reasons for considering the report in Part 2</b>
None

<b>List of Background Papers</b>
Appendices attached to report

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<b>Date 29<sup>th</sup> August 2013</b>	<b>Version No. 1</b>

## 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 Medical 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 9 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

1. Please complete sections 1 - 7 and 8 of this report.
2. 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](http://www.directgov.uk/motoring).
3. The Council only require medical information which may or is likely to affect a person's fitness to drive a vehicle covered by Group 2 standards.
4. 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.
5. 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.

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Environmental Health & Licensing  
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Newbury, Berkshire RG14 5LD  
Tel: (01635) 519184  
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## 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 required on first licensing and thereafter from age 45, every five 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 or Occupational Health Service.

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.

Patient's name		Date of Birth	
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## 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

Patient's name		Date of Birth	
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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
5. Is there diplopia? (controlled or uncontrolled)?		YES	NO
6. Does the patient have any other ophthalmic condition? If YES to 4, 5 or 6 please give details in <b>Section 7</b> and enclose any relevant visual field charts or hospital letters.		YES	NO

## 2. Nervous System

1. Has the patient had any form of epileptic attack? If YES, please answer questions a-f	YES	NO
(a) Has the patient had more than one attack?	YES	NO
(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: MRI            Date _____ CT             Date _____ Please supply reports if available	YES	NO
(f) Has the patient had an EEG? If Yes, please provide dates _____ Please supply reports if available	YES	NO
2. Is there a history of blackout or impaired consciousness within the last 5 years? If YES, please give date(s) and details in <b>Section 7</b>	YES	NO
3. Is there a history of, or evidence of any of the conditions listed at a-g below? If NO, go to <b>Section 3</b> . If YES, please tick the relevant box(es) and give dates and full details at <b>Section 7</b> and supply any relevant reports.	YES	NO
(a) Stroke / TIA <i>please delete as appropriate</i> If YES, please give date _____ has there been a full recovery?	YES	NO
(b) Sudden and disabling dizziness/vertigo within the last 1 year with a liability to recur	YES	NO
Patient's name _____	Date of Birth _____	

(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

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

### 4. Psychiatric Illness

Is there a history of, or evidence of any of the conditions listed at 1–7 below? If <b>NO</b> , please go to <b>Section 5</b> . If <b>YES</b> 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 <b>Section 7</b> . <b>NB.</b> Please enclose relevant hospital notes. <b>NB.</b> If patient remains under specialist clinic(s) ensure details are filled in at the <b>top of page 2</b>	YES	NO
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Patient's name		Date of Birth	
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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

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

1. Acute Coronary Syndromes including Myocardial Infarction? If Yes, please give date(s)	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 <b>NO</b> , go to <b>Section 5C</b> .  If <b>YES</b> please answer all questions below and give details in <b>Section 7</b> of the form.	YES	NO
1. Has there been a <b>significant</b> disturbance of cardiac rhythm? i.e. Sinus node 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 <b>YES</b> :- (a) Please supply date	YES	NO
(b) Is the patient free of symptoms that caused the device to be fitted?	YES	NO
(c) Does the patient attend a pacemaker clinic regularly?	YES	NO

Please go to Section 5c

Patient's name		Date of Birth	
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### 5c Peripheral Arterial Disease (excluding Buerger's Disease) Aortic Aneurysm/Dissection

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

Please go to Section 5d

### 5d Valvular/Congenital Heart Disease

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

Please go to section 5E

### 5e Cardiac Other

Does the patient have a history of ANY of the following conditions:  (a) a history of, or evidence of heart failure?  (b) established cardiomyopathy?  (c) a heart or heart/ lung transplant?  If YES please give full details in Section 7 of the form. If NO, go to section 5f	YES YES YES YES	NO NO NO NO
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Patient's name		Date of Birth	
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## 5f Cardiac Investigations

**This section must be filled in for all patients**

1. Has a resting ECG been undertaken? If YES, does it show:- (a) pathological Q waves? (b) left bundle branch block? (c) right bundle branch block?	YES  YES YES YES	NO  NO NO NO
2. Has an exercise ECG been undertaken (or planned)? If YES, please give date _____ and give details in Section 7 <i>Please provide relevant reports if available</i>	YES	NO
3. Has an echocardiogram been undertaken (or planned)? (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>	YES	NO
4. Has a coronary angiogram been undertaken (or planned)? If YES, please give date _____ and give details in Section 7 <i>Please provide relevant reports if available</i>	YES	NO
5. Has a 24 hour ECG tape been undertaken (or planned)? If YES, please give date _____ and give details in Section 7 <i>Please provide relevant reports if available</i>	YES	NO
6. Has a Myocardial Perfusion Scan or Stress Echo study been undertaken (or planned)? If YES, please give date _____ and give details in Section 7 <i>Please provide relevant reports if available</i> <b>Please go to Section 5g</b>	YES	NO

## 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
<b>If YES, to any of the above, please provide three previous readings with dates, if available</b>		
1.	2.	3.

Patient's name		Date of Birth	
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## 6. General

Please answer all questions in this section. If your answer is 'YES' to any of the questions, please give full details in Section 7.	YES	NO
1. Is there <b>currently</b> a disability of the spine or limbs, likely to impair control of the vehicle?	YES	NO
2. Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally?  If YES, please give dates and diagnosis and state whether there is current evidence of dissemination	YES	NO
(a) Is there any evidence the patient has a cancer that causes fatigue or cachexia that affects safe driving?	YES	NO
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 text phone?	YES	NO
4. Is there a history of either renal or hepatic failure?	YES	NO
5. Is there a history of, or evidence of sleep apnoea syndrome? If YES, please provide details (a) Date of diagnosis (b) Is it controlled successfully? (c) If YES, please state treatment (d) Please state period of control (e) Please provide neck circumference (f) Please provide girth measurement in cms (g) Date last seen by consultant	YES	NO
6. Does the patient suffer from narcolepsy/cataplexy? If YES, please give details in Section 7	YES	NO
7. Is there any other <b>Medical Condition</b> , causing excessive daytime sleepiness? If YES, please provide details (a) Diagnosis (b) Date of diagnosis (c) Is it controlled successfully? (d) If YES, please state treatment (e) Please state period of control (f) Date last seen by consultant	YES	NO
8. Does the patient have severe symptomatic respiratory disease causing chronic hypoxia?	YES	NO

Patient's name		Date of Birth	
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<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>	<p>YES</p>	<p>NO</p>
<p>10. Does the patient have any other medical condition that could affect safe driving? If YES, please provide details</p>	<p>YES</p>	<p>NO</p>
<p><b>7. Please forward copies of relevant hospital notes only if deemed necessary. Please do not send any notes not related to fitness to drive.</b></p>		
Empty space for notes		

<p>Patient's name</p>		<p>Date of Birth</p>	
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## 8. Medical Practitioner Details

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To be filled in by Doctor carrying out the examination

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

Medical Examination Report outcome:

	Fit
	Requires immunisation/vaccinations update on commencement.
	Requires screening to meet requirements of Health & Safety at work legislation.
	Must have Health Examination – appointment arranged.
	Must have Health Examination – appointment to be arranged by Patient.
	Awaiting outcome of correspondence.
	Fit with restrictions – <i>see recommendations.</i>
	Unfit at present – <i>see recommendations.</i>
	Unfit

Recommendations:

Signature of Medical Practitioner	Date of Examination

Patient's name		Date of Birth	
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**9. Patients Details**

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To be filled in by patient 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
Postcode	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**

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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."

<b>Signature</b>	<b>Date</b>

Patient's name		Date of Birth	