

**ANNUAL MEDICAL FITNESS DECLARATION – FOR RENEWAL OF A LICENCE TO DRIVE A PRIVATE HIRE & HACKNEY CARRIAGE VEHICLE & NOTIFICATION OF A HEALTH OR MEDICAL CONDITION(S)**

Section 51 of the Local Government (Miscellaneous Provision) Act 1976 requires the Council to find you a ‘Fit & Proper Person’ before granting you a licence to drive a private hire or hackney carriage vehicle.

Guidance on Bolton Councils medical requirements for private hire and hackney carriage drivers can be found here https://www.bolton.gov.uk/downloads/file/2702/hackney-carriage-and-private-hire-driver-application-guidance. The Council has adopted the DVLA ‘Group 2’ medical fitness standard. A copy of the DVLA Assessing Fitness to Drive is available here: [www.gov.uk/government/publications/at-a-glance](http://www.gov.uk/government/publications/at-a-glance)

**PLEASE READ THE FOLLOWING INSTRUCTION FIRST:**

1. If you’re completing this form by hand:
   1. Please write legibly and in block capitals.
   2. Ensure your answers are inside the boxes.
   3. Written in black ink.
2. Please use additional sheets if necessary.
3. Don’t leave any part of the Medical Fitness Declaration form unanswered.
4. Your GP must complete the Statement of Medical Fitness form, which is on pages 5 & 6 of this document.
5. **Copies of the completed forms must be attached to the online application**.
6. All enquiries regarding medical standards must be directed to the licensing team.

**YOU (THE LICENCE HOLDER) MUST COMPLETE PAGES 1, 2, 3 & 4 OF THIS ‘MEDICAL FITNESS DECLARATION’ FORM NOT YOUR GP.**

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| **1. YOUR PERSONAL DETAILS** | |
| **Please insert your badge/licence number:** |  |
| **Full surname:** |  |
| **Full forenames:** |  |
| **Full postal address:** |  |
| **Contact telephone number:** |  |
| **Email address:** |  |
| **GP surgery details** |  |

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| **2. Do you have any health or medical matters**, **are you undergoing any medical treatment or are you taking any medication (a health or medical issue could be a diagnosis following a visit to a doctor, the hospital or to a medical specialist and/or a course of treatment including any referral for further investigation) or do you currently feel unwell? Please provide as much detail as possible here:** | | | | | |
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| **3. You must now confirm your medical fitness by completing the following questions. All questions must be answered by placing a √ in either yes or no.**  **Have you ever received treatment or a diagnosis in relation to any item or similar item identified in the list below?** | | | | | |
| **Yes** | **No** | In addition to the examples provided below further information on health & medical matters is available in the DVLA Assessing Fitness to Drive. This DVLA document is available to view here: [www.gov.uk/government/publications/at-a-glance](http://www.gov.uk/government/publications/at-a-glance)  If you’re unsure about any of the medical matters listed below or in the DVLA document above please ask your medical professional for assistance. | | | |
|  |  | Neurological disorders for example blackouts, brain tumours, epilepsy, Parkinson’s disease, seizures, stroke - please see Chapter 1 and Appendix A & B of the DVLA document above for all neurological disorders | | | |
|  |  | Cardiovascular disorders for example angina, CABG, ECG abnormality, heart failure, hypertension, stent - please see Chapter 2 and Appendix A & C of the DVLA document above for all cardiovascular disorders | | | |
|  |  | Diabetes for example insulin-treated diabetes, impaired awareness of hypoglycaemia, diabetes treated by medication other then insulin, diabetes managed by diet/lifestyle alone, hypoglycaemia due to other causes - please see Chapter 3 and Appendix A & D of the DVLA document above for diabetes | | | |
|  |  | Psychiatric disorders for example anxiety or depression, acute psychotic disorder, schizophrenia, mild cognitive impairment, dementia – please see Chapter 4 and Appendix A & E on the DVLA document above for all psychiatric disorders | | | |
|  |  | Drug or alcohol misuse or dependence for example seizure associated with alcohol or drug misuse – please see Chapter 5 and Appendix A on the DVLA document above for all drug and alcohol misuse or dependence | | | |
|  |  | Visual disorders for example cataract, monocular vision, visual field defects - please see Chapter 6 and Appendix A on the DVLA document above for all visual disorders | | | |
|  |  | Renal & respiratory disorders for example chronic renal failure, primary lung carcinoma please see Chapter 7 and Appendix A on the DVLA document above for all renal & respiratory disorders | | | |
|  |  | Miscellaneous conditions for example cancer, age-related fitness to drive, transplant, cognitive decline or impairment, temporary medical conditions, fractures, medication effects, a disability or any other medical matter that may call in to question your medical fitness please see Chapter 6 and Appendix A, F & G on the DVLA document above for all miscellaneous conditions | | | |
| **4. If you’ve answered yes to any of the questions above then please provide as much detail on the health/medical matter, medications, treatment and/or treatment plan here:** | | | | | |
|  | | | | | |
| **5. If you’re currently taking any medication which you’ve been advised may affect your ability to drive, please provide details here and include the dosage:**  **Only include here medication that affect your ability to drive** | | | | | |
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| **6. DECLARATION:** | | | | | |
| **I declare that to the best of my knowledge and belief the answers given in this Medical Fitness Declaration 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 Medical Fitness Declaration form or any other document I’m requested to submitted in support of my application, I shall be guilty of an offence which is punishable by a fine of up to £1000.00.**  **I declare that should there be any changes to my medical status I will notify the Council immediately and as soon as requested by the Council I will have a new DVLA Group 2 Medical Certificate or Medical Fitness Statement completed by my own GP:** | | | | | |
| **Signature/print name:** | | |  | **Date:** |  |

**WARNING! You’re warned that should you fail to declare any medical matters when completing this Medical Fitness Declaration form, you may be prosecuted by the Council. The Council can refuse, suspend, or revoke a licence based on incorrect or incomplete information provided in your application. Don’t be tempted to omit any information because you’re not sure if it must be declared or not, the Council will make this assessment and disregard anything deemed irrelevant.**

**You MUST notify the Council immediately if your medical status changes. A further medical assessment maybe required to confirm you still meet the DVLA ‘Group 2’ standard.**

Note - A ‘Certificate of Medical Fitness’ is required when you first apply for a licence to drive a private hire/hackney carriage vehicle and again at 45 years of age, and then every 5 years until the age of 65. At 65 the ‘Certificate of Medical Fitness’ is required annually.

**ANNUAL STATEMENT OF MEDICAL FITNESS –**



**PRIVATE HIRE & HACKNEY CARRIAGE**

**THIS SECTION TO BE COMPLETED BY YOUR GP.**

**PLEASE READ THE FOLLOWING INSTRUCTION FIRST:**

1. The Statement of Medical Fitness form can only be completed by the GP you’ve been registered with for the last twelve months.
2. The GP must confirm that they have access to your medical records and that you meet the DVLA ‘Group 2’ medical fitness standard.
3. A copy of the DVLA Assessing Fitness to Drive is available here: [www.gov.uk/government/publications/at-a-glance](http://www.gov.uk/government/publications/at-a-glance)
4. Guidance on Bolton Councils medical requirements for private hire and hackney carriage drivers can be found here <https://www.bolton.gov.uk/downloads/file/2702/hackney-carriage-and-private-hire-driver-application-guidance>.
5. Copies of the completed forms must be sent to the [licensingRenewals@bolton.gov.uk](mailto:licensingRenewals@bolton.gov.uk) inbox.

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| **Please complete in block capitals, in black ink and that the answers are inside the white boxes:** | | |
| **Doctors full name:** |  | |
| **Patients full name:** |  | |
| **Patients date of birth:** |  | |
| **Patients full postal address:** |  | |
| **Health/medical condition(s):** |  | |
| **Treatment/care/medication/ etc.:** |  | |
| **Additional information included any condition(s) under investigation (please continue on additional sheet if necessary and please number all additional sheets and insert the number of sheets used here:** |  | |
| **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”: A Guide for Health Professionals published on behalf of the Department of Transport by The Royal Society of Medicine Press Limited (RSM) in 2006. 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.**  **Doctors signature:**  **Date:** | | |
| **Practice address or practice stamp:** | |  |