



# Midlothian

## LICENSING OF TAXI AND PRIVATE HIRE CAR DRIVERS

### MEDICAL CERTIFICATE

Full Name of Applicant.....

Date of Birth .....

Address .....

In completing this Certificate Medical Practitioners are asked to have regard to the recommendation by the Medical Commission for Accident Prevention in their booklet "Medical Aspects of Fitness to Drive", the Notes for the Guidance of Doctors conducting these examinations prepared by the British Medical Association and the DVLA guide to current medical standards of fitness to drive.

### QUESTION

### ANSWER

(please tick appropriate boxes below)

1 (a) Has the applicant, to the best of your knowledge, ever had an epileptic attack since the age of 3?

1 (a) Yes ☐ No ☐

(b) Is the applicant, to the best of your judgement, subject to:-

(b) (i) .....

(i) vertigo, or sudden attacks of disabling giddiness or fainting, or

.....

(ii) any mental ailment likely to interfere with the efficient discharge of his duties as a driver of a taxi or private hire car:

(ii) .....

.....

2 Has the applicant any deformity, loss of members or physical disability likely to interfere with the efficient discharge of his duties as a driver of a taxi/private hire car? (Special attention should be paid to the condition of arms, legs, hands and joints).

2 .....  
.....  
.....

3 Does the applicant suffer from any heart, lung, renal, blood or psychiatric disorder likely to interfere with the efficient discharge of his duties as a driver of a taxi/private hire car?

3 .....  
.....

4 Is there any serious defect of hearing?

4 (a) Yes ☐ No ☐

- 5 Does the applicant show any evidence of addiction to the excessive consumption of alcohol or drugs? 5 (a) Yes ☐ No ☐
- 6 Does the applicant appear to be suffering from any other disease or physical disability likely to interfere with the efficient discharge of his duties as a driver or to cause the driving by him of a taxi/private hire car to be a source of danger to the public? 6 (a) Yes ☐ No ☐
- 7 (a) Acuity of Vision (with glasses if worn) by Snellens test type. 7. (a) Right eye ..... Left eye .....
- (b) Did the applicant wear his own glasses\*/contact lenses\* for this test? (b) .....
- (c) Is the applicant's field of vision by hand test satisfactory? (c) .....
- (d) Do you consider that the applicant's vision is likely to cause the driving by him of a public service vehicle to be a source of danger to the public? (d) .....

**(Question 7(d) need be answered only if the acuity with glasses, if worn, is below 6/12 with one eye and 6/36 with the other eye, or if the field of vision is unsatisfactory).**

**I CERTIFY** that I have this day examined the applicant, who has signed this form in my presence and who in my opinion is **FIT\*/UNFIT\*** to drive a Taxi/Private Hire Car.

Signature etc, of Registered Medical Practitioner .....

Address (including Post Code) .....

.....

Date ..... Telephone No .....

Signature of Applicant .....

(To be signed in the presence of the Medical Practitioner signing the Certificate.)

\* Delete as appropriate.