

LIVERPOOL CITY COUNCIL
MEDICAL DECLARATION IN RESPECT OF A NEW APPLICATION
FOR A TAXICAB OR PRIVATE HIRE DRIVERS LICENCE.

APPLICANT DETAILS:-

Date of Birth _____

Mr/Mrs/Ms _____

Address _____

		Medical Officer's Opinion
1	Is the applicant subject to epilepsy, vertigo or any mental ailment likely to affect their efficiency?	
2	Does the applicant suffer from any heart or lung disorder which might interfere with the efficient performance of their duties as a taxicab or private hire driver?	
3	Are the applicant's blood pressure readings both Systolic and Diastolic- normal having regard to the applicant's age? If not, do you consider that the abnormal blood pressure would be likely to affect the applicant's competence as a taxicab or private hire vehicle driver?	
4	Is there any defect of hearing? If so do you consider that it would interfere with the efficient performance of the duties of a taxicab or private hire driver?	
5	Is the applicant suffering from any other medical condition i.e. Diabetes?	
6	Is the applicant taking any medication or undergoing drug treatment?	
7	Has the applicant any deformity or loss of members? If so would it interfere with the efficient performance of the duties of a taxicab or private hire driver?(Special attention is directed to the condition of arms, hands, legs and feet and particularly to the joints of the upper and lower extremities).	

Cont Over.....

8	<p>(a) Acuity of vision by Sneilens test type. The standard of acuity of vision is considered unsatisfactory if it is below 6/12 with one eye. Glasses must be worn.</p> <p>(b) Were the readings taken when the applicant wore spectacles?</p> <p>(c) Peripheral vision?</p> <p>(d) Is the applicant's field of vision by hand test satisfactory</p> <p>(e) Does the applicant suffer from any other defect of vision which would affect their fitness to act as a taxicab or private hire driver?</p> <p>(f) Do you consider the applicant should wear spectacles when driving?</p>	<p>(a) R.E. _____ L.E. _____ without glasses</p> <p>R.E. _____ L.E. _____ With glasses (If applicable)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p>
9	Is the applicant sufficiently active for the performance of taxicab and private hire duties?	
10	Does the applicant show any evidence of being addicted to the excessive use of tobacco, alcohol or drugs?	
11	Is there any abnormality present which is not included in the above questions?	
12	<p>Is the applicant generally fit with regard to:</p> <p>(a) Bodily health: and</p> <p>(b) Temperament</p> <p>To carry out the duties of a taxicab or private hire driver?</p>	<p>(a) Yes/ No</p> <p>(b) Yes/No</p> <p>(delete as necessary)</p>
13	Are you or have ever been registered as disabled?	

I _____ certify that I have today examined the applicant, Mr/Mrs/Ms _____

They are FIT/UNFIT to carry out the duties of a licensed driver.
SIGNED. _____ **Medical Practitioner.**

DATE:

OFFICIAL PRACTICE STAMP TO BE PLACED HERE

Please note form is invalid without Doctors signature