



TPH/204

London Taxi or Private Hire Vehicle (PHV) Driver's Licence Medical Declaration

Application or Licence Number

Transport for London (TfL), the Licensing Authority, needs to be satisfied that all licensed London taxi and Private Hire Vehicle (PHV) drivers are medically fit. In assessing an individual's medical fitness, TfL has decided to be guided by the DVLA Group 2 standards.

This form should be taken to a registered medical practitioner who has access to your full medical records, typically your GP, for completion. If it is not completed by someone who has access to your full medical records this could lead to delays in the processing of your application. It is your responsibility to ensure that all your medical conditions (if any) are declared to the medical practitioner completing this form. Please be aware that you will be required to undergo a physical examination whilst this form is being completed.

This medical report is for the confidential use of TfL.

This medical report **cannot** be issued free of charge as part of the National Health Service. The applicant must pay the medical practitioner's fee, unless other arrangements have been made. TfL accepts no liability to pay it.

If you possess a valid DVLA Group 2 licence or are already licensed by TfL as either a taxi or PHV driver and are now applying for the other licence, you do not need to have this form completed, unless this form has been requested to confirm your age related fitness. You are required to declare all medical conditions to the registered practitioner for the purpose of assessing your fitness to hold a taxi or PHV driver's licence.

On completion, this form should be returned to:

Transport for London
PO Box 7632
Bilston
WV14 4DN

Further information may be requested from you should it be required in order to determine your medical fitness.

TfL recommends that all individuals take a photocopy of this form once it is completed for their own record before submitting the original.

This page is to be fully completed by Applicant/Driver

A - Personal Details

A1 Surname

A2 Forename(s)

A3 Date of Birth (DD/MM/YYYY)

A4 Address

Postcode

B - Registered NHS GP Details

B1 Name of Registered NHS GP

B2 Address

Postcode

Restricted when completed

C - Applicant/Driver Consent and Declaration

Privacy Notice

Transport for London (TfL), its subsidiaries service providers will use your personal information (including any references to your health, ethnic origin, nationality, or previous criminal convictions), for the purpose of assessing your application, administering the licensing regime and equal opportunities monitoring. We will also provide you with information relating to the licensing and regulation of taxi and private hire services in London. Your personal information will be properly safeguarded and processed in accordance with the requirements of privacy and data protection legislation.

Your name, badge/licence number and the status, start/expiry date of your licence may be made available on request or on a register for public inspection. If you have licensed a vehicle; the vehicle registration mark, licence number and expiry date may also be made available in the same way.

We may share your information with, or receive information from, the Driver and Vehicle Licensing Agency (DVLA), Home Office Immigration Enforcement, Department for Work and Pensions (DWP), Motor Insurer's Bureau (MIB), Driver and Vehicle Standards Agency (DVSA), local authorities and other relevant organisations, including private hire operators, for the purposes of assessing your application or continuing fitness to hold a licence. In certain circumstances, TfL may also share your personal information with the police and other agencies for the purposes of the prevention and detection of crime. For more information see www.tfl.gov.uk/privacy.

Consent and Declaration

I hereby consent to Transport for London (TfL) and their medical advisers processing personal data relating to my medical conditions for the purpose of assessing my fitness to hold a taxi or PHV driver's licence. I also give consent for my doctors and specialists to provide TfL with any data they require in relation to this application.

I declare that all information provided on this medical form is true and correct to the best of my knowledge. I understand that the issue of a licence in respect of this medical can be refused and any licence can be revoked if any statements are subsequently found to be false. I undertake to keep TfL informed of any changes to any details supplied in this form, and I am aware that failure to do so will constitute a breach of my licence condition and may lead to the possible revocation or suspension of my licence.

Signature

Date (DD/MM/YYYY)

Restricted when completed

TfL recommends that all individuals take a photocopy of this form once it is completed for their own record before submitting the original.

D - Medical Conditions - to be completed by Medical Practitioner

Sections D - F must be completed by a Medical Practitioner who should:

- Have access to the individual's full medical records.
- Conduct a physical examination in person when completing this form.
- Each page must be endorsed with applicant/driver's name, examining doctor's signature, GP's/Optician's stamp and date.
- Answer all the relevant questions and provide copies of any reports.
- Consult the DVLA's publication 'Assessing fitness to drive: A guide for medical professionals'

<https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>

- Write inside the boxes - use **BLOCK CAPITAL** letters and black ink.
- If you make a mistake, please cross it out (initial it) and write the correct information underneath.
- Do not use correction fluid - Ensure that a response is provided for every question, unless specifically directed to the contrary.

Regulations state that taxi and PHV drivers must satisfy TfL that they are medically fit to hold a driver's licence. In assessing whether an applicant is medically fit, TfL will have regard to the medical standard that would apply in relation to a DVLA Group 2 licence.

If you answer 'Yes' to ANY of the questions on this medical form, you must consult the DVLA's publication 'Assessing fitness to drive: a guide for medical professionals' and provide ALL the relevant information required for the condition(s) in accordance with the requirements of a Group 2 licence entitlement.

Restricted when completed

This page must be endorsed with applicant/driver's name, examining doctor's signature, GP's/Optician's stamp and date

1 Cardiovascular disease/procedure

Does the applicant have a history of:

(a) Acute Coronary Syndrome including Myocardial infarction

Yes No

If 'Yes', please provide date(s): (DD/MM/YYYY)

(b) Coronary artery by-pass graft (CABG)

Yes No

If 'Yes', please provide date(s): (DD/MM/YYYY)

(c) Percutaneous Coronary Intervention (P.C.I.) (Angioplasty)

Yes No

If 'Yes', please give date of most recent intervention: (DD/MM/YYYY)

(d) Angina

Yes No

If 'Yes', please give date of the last know attack: (DD/MM/YYYY)

(e) Heart failure

Yes No

(f) Implantable Cardioverter Defibrillator (ICD)

Yes No

(g) Cardiac Pacemaker

Yes No

(h) Any other coronary artery disease/procedure

Yes No

(i) Cardiac arrhythmia

Yes No

If 'Yes', when was the last recorded occurrence?

AND complete question 2(c) (DD/MM/YYYY)

(j) Peripheral arterial disease

Yes No

2 Cardiac investigations

(a) Has the applicant undergone an exercise ECG test

Yes No

If 'Yes', please give date and provide full details in section E: (DD/MM/YYYY)

(b) Has the applicant undergone a myocardial perfusion scan or stress echo study

Yes No

If 'Yes', please give date and provide full details in section E: (DD/MM/YYYY)

(c) Has the applicant had an LVEF reading taken?

Yes No

Please provide the reading (e.g. 40% or 0.4):

Please provide the date reading was taken AND provide full details in section E: (DD/MM/YYYY)

If you answer 'Yes' to any of the above, please provide further details in section E and submit any relevant reports.

GP's signature

Surgery Stamp

Date (DD/MM/YYYY)

Applicant/Driver's name (BLOCK CAPITALS)

Restricted when completed

This page must be endorsed with applicant/driver's name, examining doctor's signature, GP's/Optician's stamp and date

3 Other Cardiovascular disease/procedure

Does the applicant have a history of:

(a) **Aortic aneurysm** Yes No

If 'Yes', please provide the following:

(i) Site of aneurysm Thoracic Abdominal

(ii) Has it been successfully repaired? Yes No

(iii) Please provide size of aortic diameter date obtained: (DD/MM/YYYY)

(b) **Dissection of the aorta** Yes No

If 'Yes', please provide copies of all reports to include those dealing with any surgical treatment

(c) **Hypertension** Yes No

(d) **Systolic reading consistently above 180/diastolic reading consistently above 100** Yes No

(e) **Please provide a current blood pressure reading**

(f) **Cardiomyopathy** Yes No

If 'Yes', please state which type:

AND provide full details in section **E**

(g) **Congenital heart disorders** Yes No

(h) **Any other cardiac condition(s) not listed above** Yes No

If you answer 'Yes' to any of the above, please provide further details in section **E** and submit any relevant reports.

4 Musculoskeletal

Does the applicant have a history of:

(a) **Does the applicant have any deformity or physical disability** Yes No
(with special attention paid to the conditions of the arms, legs, hands and joints)

(b) **Is this likely to interfere with efficient discharge of his or her duties as a vocational driver** Yes No

If you answer 'Yes' to any of the above, please provide further details in section **E** and submit any relevant reports.

GP's signature <input type="text"/>	Surgery Stamp <input type="text"/>
Date (DD/MM/YYYY) <input type="text"/>	
Applicant/Driver's name (BLOCK CAPITALS) <input type="text"/>	

Restricted when completed

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

5 Diabetes Mellitus

(a) Does the applicant have diabetes mellitus?

Yes No

If 'No', please continue to question 6

If 'Yes', is it managed by:

(i) Diet alone

Yes No

(ii) Oral hypoglycaemic agents not likely to cause hypoglycaemia (including metformin)

Yes No

(iii) Oral hypoglycaemic agents with potential to cause hypoglycaemia including gliptins, sulphonyurea, glinides, exenatide, and/or others

Yes No

If 'Yes' please give date started on agents and complete **ALL** of question (b) below

(iv) Insulin

Yes No

If 'Yes' please give date started insulin and complete **ALL** of question (b) below

(b) Diabetic history

(i) During the past 12 months prior to the date of the licence application, has the applicant had a hypoglycaemic episode requiring the assistance of another at any time **(If 'Yes' please provide further details in Section E)**

Yes No

(ii) Does the applicant have a history of responsible diabetic control **(If 'No' please provide further details in Section E)**

Yes No

(iii) Does the applicant have good hypoglycaemic awareness **(If 'No' please provide further details in Section E)**

Yes No

(iv) As far as you know, is the applicant adherent to treatment protocols, twice daily blood sugars measurements and at times relevant to driving **(If 'No' please provide further details in Section E)**

Yes No

(v) Is the applicant at minimal risk (i.e. Low risk) of hypoglycaemic attack resulting in incapacity **(If 'No' please provide further details in Section E)**

Yes No

(vi) Does the applicant have any complications of diabetes which may interfere with driving **(If 'Yes' please provide further details in Section E)**

Yes No

GP's signature

Surgery Stamp

Date (DD/MM/YYYY)

Applicant/Driver's name (BLOCK CAPITALS)

Restricted when completed

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

6 Neurological

Does the applicant have a history of:

- (a) Seizure/Epileptic attack and/or having taken anti-convulsant/epileptic medication in the last 10 years Yes No
- (b) A first unprovoked epileptic seizure/solitary fit within the last 5 years Yes No
- (c) Blackout/Impairment of Consciousness Yes No
- (d) Stroke/TIA Yes No

If 'Yes', please give the date **and** complete ALL the questions below (DD/MM/YYYY)

- (i) Has there been a **full** recovery? Yes No
- (ii) Is there any debarring residual impairment that would affect safe driving? Yes No
- (iii) Any other significant risk factors? Yes No
- (iv) Is there any imaging evidence of less than 50% carotid artery stenosis? Yes No
- (v) Has exercise/functional testing been undertaken? Yes No

If 'Yes', please ensure you complete **question 2** of this form (on page 5)

- (e) Sudden Disabling Dizziness/Vertigo Yes No
- (f) Pathological Sleep Disorder Yes No
- (g) Chronic and/or Progressive Neurological Disorder Yes No
- (h) Brain Surgery Yes No
- (i) Traumatic Brain Injury Yes No
- (j) Brain Tumour Yes No

If you answer 'Yes' to any of the above, please provide further details in section E and submit any relevant reports.

GP's signature

Surgery Stamp

Date (DD/MM/YYYY)

Applicant/Driver's name (BLOCK CAPITALS)

Restricted when completed

7 Vision

Important information for doctors
 Please read the information below. In order to complete the following questions you may wish to refer the applicant to an optician or optometrist to ensure all questions can be answered accurately.

Requirements

- a visual acuity of at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye
- a visual acuity of at least 6/60 (decimal Snellen equivalent 0.1) in the other eye
- this may be achieved with or without glasses or contact lenses
- 3 metre readings must be converted to the 6 metre equivalent
- If glasses are worn (not contact lenses) to meet the minimum standards, they should have a corrective power of < + 8 dioptries.
- Complete loss of vision in one eye is a bar to licensing

	Uncorrected Visual Acuity	Corrected Visual Acuity	Prescription
Left	6/	6/	
Right	6/	6/	

- (a) Does the applicant use corrective lens? Yes No
- If Yes, glasses contact lenses both together
- (b) Does the applicant have a normal binocular field of vision? No Yes
- (c) Does the applicant have uncontrolled diplopia? Yes No
- (d) Does the applicant have any other ophthalmic condition? Yes No

<p>GP's/Optician's signature</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Date (DD/MM/YYYY)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Applicant/Driver's name (BLOCK CAPITALS)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>GP's/Optician's stamp</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
--	---

Restricted when completed

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

8 Psychiatric

Does the applicant have a history of:

- (a) Psychiatric Disorder Yes No
- (b) Psychotic Illness Yes No
- (c) Dementia/Cognitive Impairment Yes No
- (d) Alcohol Misuse Yes No
- (e) Alcohol Dependency Yes No
- (f) Drug or Substance Misuse Yes No
- (g) Drug or Substance Dependency Yes No

9 Any other conditions

- (a) Does the applicant named in section A suffer from any recognised medical condition (such as severe asthma, allergic reaction or chronic phobia) that would preclude them from carrying Guide and/or Assistance dogs? Yes No

If YES, please request form TPH/208, which must be completed by a Specialist in the field that you require exemption.

- (b) (i) Does the applicant suffer from any other disease or disability that has not been previously mentioned? Yes No
- (ii) Is this likely to interfere with the efficient discharge of his or her duties as a vocational driver, or to cause driving by him or her to be a source of danger to the public? Yes No

If you answer 'Yes' to any of the above, please provide further details in section E and submit any relevant reports.

GP's signature <input type="text"/>	Surgery Stamp <input type="text"/>
Date (DD/MM/YYYY) <input type="text"/>	
Applicant/Driver's name (BLOCK CAPITALS) <input type="text"/>	

Restricted when completed

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

E - Further Details

Please use the space below to provide further, legible details required with reference to any of the previously answered questions. Please include relevant dates. It will be necessary to consult the DVLA's publication 'Assessing fitness to drive: a guide for medical professionals' and provide information as per Group 2 standards of fitness.

<https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>

Please continue on a separate sheet if required. Any additional sheets must be endorsed with the medical practitioner's signature, stamp and date.

GP's signature

Date (DD/MM/YYYY)

Applicant/Driver's name (BLOCK CAPITALS)

Surgery Stamp

Restricted when completed

This page must be endorsed with applicant/driver's name, examining doctor's signature, surgery stamp and date

F - Declaration - to be completed by Medical Practitioner carrying out the examination

Please ensure all sections of the form have been completed. Failure to do so will result in the form being invalid.

At the time of the physical examination and completion of this medical form, I had possession of the individual's full medical records.

Yes No

Where 'No', please state your reason(s) why:

Are you the individual's registered NHS GP?

Yes No

Where 'No', please confirm how you accessed the individual's full medical records:

Examining doctor's details

To be completed by the doctor. **Please print name and address in capital letters**

Practice Name

Address

Phone

I confirm that this report was completed by me at the physical examination and that I am currently GMC registered and licensed to practice in the UK.

GP's signature

Surgery Stamp

GMC Registration number

Date (DD/MM/YYYY)

Name (BLOCK CAPITALS)

Applicant/Driver's name (BLOCK CAPITALS)

Restricted when completed