



**Isle of Man  
Government**

*Reillys Ellan Vannin*

## Road Transport Licensing Committee

*Bing Kied Carbid*

Chair: Mr Graham Curphey

This Slieau Whallian, Foxdale Road, St John's, Isle of Man, IM4 3AS  
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### MEDICAL REPORT

**(in connection with an application for a Public Passenger Vehicle (PPV) Driver Licence - Road Transport Act 2001)**

**NOTE:** This report is not one which must be issued free of charge as part of Manx Care. The Road Transport Licensing Committee accepts no liability to pay for it. Unless any other arrangements have been made for the payment of the fee, the applicant is to pay.

Applicant Surname: ..... Other Names: .....

Address: .....

..... Postcode: .....

Date of Birth: ...../...../.....

Signature of Applicant: .....  
(to be signed in presence of Medical Practitioner completing this report)

**TO BE COMPLETED BY THE APPLICANT'S G.P. OR ANOTHER G.P. AT THE SAME MEDICAL PRACTICE WHO HAS ACCESS TO THE APPLICANT'S MEDICAL RECORDS**

Please answer the following questions either **YES/NO**, if **YES**, please give details on page 2

When completing this medical certificate, Medical Practitioners are asked to have regard to the recommendations made by the DVLA Drivers Medical Group published in the booklet 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' and any notes published by the British Medical Association.

	Medical Questions	Assessment
<b>1(a)</b>	Has the applicant to the best of your knowledge had an epileptic seizure, either primary or secondary, in the last 10 years without anticonvulsant medication in that time?	<b>YES/NO</b>
<b>1(b)</b>	Has the applicant to the best of your judgement been subject to: (i) any fainting whilst sitting or lying; (ii) any loss of consciousness or altered awareness; (iii) any vertigo or sudden attacks or unprovoked or unprecipitated disabling giddiness?	<b>YES/NO</b> <b>YES/NO</b> <b>YES/NO</b>
<b>2(a)</b>	Does the applicant experience angina, myocardial infarction, any cardiovascular disorders, hypertension or ischaemic heart disease or has received related treatments including angioplasty or CABG?	<b>YES/NO</b>
<b>2(b)</b>	Are any of the above heart disorders likely to interfere with the efficient discharge of his/her duties as a PPV driver?	<b>YES/NO</b>
<b>3(a)</b>	Does the applicant have Diabetes Mellitus (i) managed by insulin; (ii) managed by tablets; (iii) managed by diet?	<b>YES/NO</b> <b>YES/NO</b> <b>YES/NO</b>
<b>3(b)</b>	Is there evidence of: (i) problems affecting visual acuity or vision fields; (ii) problems affecting circulation in the legs; (iii) impaired awareness of hypoglycaemia?	<b>YES/NO</b> <b>YES/NO</b> <b>YES/NO</b>

<b>4(a)</b>	Does the applicant have anxiety]y or depression?	<b>YES/NO</b>
<b>4(b)</b>	Is the applicant on any prescribed medication likely to interfere with alertness or concentration when driving?	<b>YES/NO</b>
<b>5</b>	Does the applicant show any evidence of alcohol misuse or alcohol dependency?	<b>YES/NO</b>
<b>6</b>	Does the applicant show any evidence of current or historic dependency on, or misuse of, drugs?	<b>YES/NO</b>
<b>7(a)</b>	Acuity of vision without glasses or contact lenses.	
<b>7(b)</b>	Acuity of vision with glasses or contact lenses must not be worse than 6/9 in the better eye or 6/12 in the other eye. Uncorrected acuity in each eye MUST be at least 3/60.	
<b>7(c)</b>	Did the applicant wear glasses or contact lenses for the test?	<b>YES/NO</b>
<b>7(d)</b>	Do you consider that the applicant's vision is likely to cause the driving by him/her of a PPV vehicle to be a source of danger to the public?	<b>YES/NO</b>
<b>8(a)</b>	Does the applicant have any serious hearing defect?	<b>YES/NO</b>
<b>8(b)</b>	Does the applicant wear any device to aid hearing?	<b>YES/NO</b>
<b>9</b>	Does the applicant have any renal disorder?	<b>YES/NO</b>
<b>10</b>	Does the applicant have any sleep disorders or any respiratory disorders including asthma or COPD?	<b>YES/NO</b>
<b>11</b>	Does the applicant have any deformity/loss of physical mobility that is likely to interfere with the discharge of duties as a PPV driver? Special attention should be paid to the condition of legs, arms, hands and joints.	<b>YES/NO</b>
<b>12</b>	Does the applicant appear to have any mental ailment or other disease, complaint or other physical disability which is likely to interfere with the efficient discharge of his/her duties as a PPV driver that is likely to be a source of danger to the public.	<b>YES/NO</b>

Medical Practitioner's Additional Notes in relation to Questions 1-12

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Please continue on a separate sheet, as necessary

**TO BE COMPLETED BY THE MEDICAL PRACTITIONER**

I hereby certify that I have today examined the above named applicant and can confirm that:

- The applicant is registered at this medical practice
- The applicant's medical notes were consulted while I carried out the examination
- The applicant is fit to drive a Public Passenger Vehicle in accordance with the DVLA Group 2 Standard – as described in Form INF4D available at [www.gov.uk/government/publications/d4](http://www.gov.uk/government/publications/d4)
- I know of no medical reason why the applicant cannot carry assistance dogs in their vehicle

**Medical Practitioner's Stamp:**

**Name of Medical Practitioner** .....

**Address of surgery** .....

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**Signature** .....

**Date** .....

Issue Date: July 2023 v.12