MEDICAL HISTORY FORM



PUBLIC PROTECTION DIVISION

To: G.P.

In order that Mr/Mrs/Miss/Ms..... may undergo a medical examination by our nominated Doctor (located at Coventry Road Medical Practice – Tel 0121 743 2154) for a Hackney Carriage / Private Hire Driver's Licence Application, would you please provide the following information:

Has the patient had:

Any heart condition	Yes/No
Any epileptic attacks	Yes/No
Stroke	Yes/No
Loss of conciousness	Yes/No
Drink problems	Yes/No
Drug related problems	Yes/No

Has the patient been treated for:

Angina	Yes/No
Mental disorder	Yes/No
Nervous disorder	Yes/No
Diabetes with insulin injections	Yes/No

G.P. Name (please print).....

Practice Stamp:

Date.....

N.B. There may be a charge made by the G.P. for completion of this form. No medical examination required by G.P.