**Medical History Form**

**PUBLIC PROTECTION DIVISION**

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.**