

IMPORTANT NOTE REGARDING YOUR MEDICAL EXAMINATION

Please check that your Doctor is able to undertake the eyesight section of the medical form.

If your Doctor is unable to undertake the eyesight section of the medical form - then please take the attached eyesight form to your optician for completion before undertaking the medical with the Doctor.

The Doctor will then ask to see the completed eyesight form at the start of your medical examination.

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Medical Examination report

Vision assessment

To be filled in by an optician/optometrist

The visual acuity, as measured by the 6 metre Snellen chart, must be at least 6/7.5 (decimal Snellen equivalent 0.8) in the better eye and at least Snellen 6/60 (decimal Snellen equivalent 0.1) in the other eye. Corrective lenses may be worn to achieve this standard.

If correction is needed to meet the eyesight standard for driving, ALL questions must be answered. If correction is NOT needed, questions 4 and 5 can be ignored.

1. Please confirm the scale you are using to express the driver's visual acuities.

Snellen

Snellen expressed as a decimal

2. Please state the visual acuity of each eye. Please convert any 3 metre readings to the 6 metre equivalent.

Uncorrected

Corrected
(using the prescription worn for driving)

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3. Please give best binocular acuity (with corrective lenses if worn for driving).

4. If glasses were worn for driving, was the distance spectacle prescription of either lens used greater than plus (+)8 dioptries?

Yes No

5. If a correction is worn for driving, is it well tolerated?

Yes No

If you answer Yes to ANY of the following, give details in the box provided

6. Is there a history of any medical condition that may affect the applicant's binocular field of vision (central and/or peripheral)

Yes No

7. Is there diplopia?..... Yes No

(a) Is it controlled?..... Yes No

If **Yes**, Please ensure you give full details in the box provided.

8. Is there any reason to believe that there is impairment of contrast sensitivity or intolerance to glare?

Yes No

9. Does the applicant have any other ophthalmic condition?

Yes No

Details

Date of examination:

Name (print):

Signature:

Date of signature:

See Overleaf

Please provide your GOC, HPC or GMC number

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Doctor/optometrist/optician's stamp

Patient's Name:

Date of Birth:

Form last revised January 2019

This report must only be completed by a medical practitioner who has full knowledge of the applicant's medical history.

Criteria for assessing fitness to drive hackney carriages or private hire vehicles

These criteria are based on the Vocational Licence (Group 2) guidelines issued by the DVLA. For further information regarding the same see page 11.

Patients who should normally be regarded as unfit to hold a licence to drive a Hackney Carriage or Private Hire car include those with:

1. Visual Acuity

- a) Visual acuity less than 6/7.5 (Snellen Decimal 0.8) in the better eye and 6/60 (Snellen Decimal 0.1) in the other eye with corrective lenses including contact lenses if worn. If glasses are worn to meet the minimum standards, they should have a corrective power not exceeding +8 dioptres in any meridian of either lens.
- b) Corrected visual acuity worse than 3/60 (Snellen Decimal 0.05) in one eye.
- c) Monocular vision or visual field defect.
- d) Uncontrolled Diplopia.

If the medical practitioner has doubt regarding the patient's visual acuity, then he/she should refer the patient to a local optician for assessment. A form for this purpose is available from the Council's Licensing Team.

2. Nervous System

Any progressive or persistently disabling disorder of the nervous system, e.g.:

- a) a liability to epileptic seizures except where there have been no fits for 10 years and no antiepileptic medication used for 10 years and specialist assessment confirms no continuing liability to seizures.
- b) a history of unexplained blackouts or loss of consciousness except where the person is symptom free for 5 years and judged fit to drive following specialist assessment.
- c) a history of Transient Ischaemia Attack (TIA) or stroke within the last 12 months.
- d) a history of Menieres disease except where the person is stable and symptom free for at least 1 year.
- e) a history of progressive or disabling Multiple Sclerosis or Parkinsonism.
- f) a history of major brain surgery.
- g) a history of serious head injury except where specialist assessment has demonstrated fitness to drive.
- h) profound deafness or profound speech impairment preventing communication by speech (or by using a device e.g. a minicom) in an emergency.
- i) unexplained syncope except where the person has undergone specialist evaluation and meets national recommended guidelines.

3. Diabetes

- a) Diabetes requiring insulin treatment except where patient meets national recommended guidelines.
- b) A relevant disability e.g. diabetic eye problem affecting visual acuity.
- c) Episode of hypoglycaemia requiring the assistance of another person within the last 12 months.

4. Psychiatric Illness

- a) A history of acute psychosis or treatment for an acute psychotic illness within the last 3 years.
- b) A severe anxiety state or depressive disorder within the last 6 months.
- c) A history of dementia.
- d) Any history of alcohol dependency in the last 3 years.
- e) Any history of drug or substances misuse or dependency in the last 1 or 3 years (dependent on drug involved and the persistence of use).

5. Other Conditions

- a) Any impaired function of the spine or any limb which is likely to interfere with the efficient discharge of his/her duties as a vocational driver.
- b) Any history of malignant intracranial tumour in adult life.
- c) A sleep disorder where satisfactory control of symptoms has not been attained.
- d) Any other condition which may affect fitness to act as a vocational driver. It must be stressed that the conditions covered by specific questions on the medical report form cannot be an exhaustive list of those which may affect fitness to drive. In an acute form, almost any medical condition may be a relevant disability. Attention is particularly drawn to the risks associated with progressive conditions.

6. Cardiac

- a) **Coronary Artery Disease**
 - i) History of myocardial infarction, coronary artery bypass grafting (CABG) or coronary angioplasty except where exercise testing confirms that the person is able to meet national recommended guidelines.
 - ii) The presence of angina or continued treatment for angina (except where exercise testing confirms that the applicant meets national recommended guidelines).
- b) **Cardiac Arrhythmia**
 - i) Arrhythmia causing or likely to cause incapacity.
 - ii) Insertion of pacemaker (except where that person is able to meet national recommended guidelines).
- c) **Aortic Aneurysm**

Except when it has been satisfactorily repaired and there is no other disqualifying condition.
- d) Resting blood pressure consistently 180mmHg systolic or more and/or 100mmHg diastolic or more, or where medication causes side effects which may interfere with driving.
- e) A history of heart valve surgery, or heart valve disease (unless special criteria are met).
- f) Dilated cardiomegaly or hypertrophic cardiomyopathy, heart transplant or cardiac surgery complex congenital heart anomalies before or after surgical repair (except where applicant meets national recommended guidelines).
- g) A significant disturbance of cardiac rhythm occurring within the past 5 years unless special criteria are met.

This list is for advice only and is not exhaustive

Applying the above criteria will allow a decision on fitness to drive a Hackney Carriage or Private Hire vehicle to be made in the majority of cases.

Further information in relation to both diabetes and cardiovascular exercise testing can be found towards the end of this certificate.

Please answer all questions

Medical examination - to be completed by the doctor

Please give patient's weight:

 (kg)

and height:

 (cms)

Give details of smoking habits, if any:

Number of alcohol units taken each week:

SECTION 1: Vision

Visual acuities must be measured by a full 6m Snellen chart (using spectacles or contact lenses if required). If in doubt, please refer to local optician for assessment. A form for this purpose is attached to the front of this form and is also available from the Council's Licensing Team.

- a) Is the visual acuity as measured by the Snellen chart AT LEAST 6/7.5 (Snellen Decimal 0.8) in the better eye and AT LEAST 6/60 (Snellen Decimal 0.1) in the other? (Corrective lenses may be worn.) Yes No
- b) Do corrective lenses have to be worn to achieve this standard? Yes No
- i) If YES, was the distance spectacle prescription of either lens used of a corrective power greater than plus 8 (+8) dioptries? Yes No
- ii) If a correction is worn for driving, is it well tolerated? Yes No
- c) Please state the visual acuity of each eye:
- UNCORRECTED Right: Left:
- CORRECTED (if applicable) Right: Left:
- d) Is there a full binocular field of vision (central and / or peripheral)? Yes No
If NO, and there is a visual field defect please give details in SECTION 7.
- e) Is there uncontrolled diplopia? Yes No
- f) Does the applicant have any other ophthalmic condition? Yes No
If YES, please give details in SECTION 7.

SECTION 2: Nervous System

- a) Has the applicant had major or minor epileptic seizures? Yes No
- i) If YES, please give date of last seizure:
- ii) If treated, please give date when treatment ceased:
- b) Is there a history of blackout or impaired consciousness within the last 5 years? Yes No
If YES, please give date(s) and details in SECTION 7.
- c) Is there a history of stroke, or TIA, within the past 5 years? Yes No
If YES, please give date(s) and details in SECTION 7 and state whether or not there has been full recovery.
- d) Is there a history of sudden disabling dizziness/vertigo within the last 1 year with a liability to recur? Yes No
If YES, please give date(s) and details in SECTION 7.
- e) Does the patient have a pathological sleep disorder? Yes No
If YES, has it been controlled successfully? Please give details in SECTION 7.
- f) Is there a history of chronic and/or progressive neurological disorder? Yes No
If YES, please give date(s) and details in SECTION 7.

Patient's Name:

Date of Birth:

- g) Is there a history of brain surgery or abnormality? Yes No
If YES, please give date(s) and details in SECTION 7.
- h) Is there a history of serious or traumatic brain injury? Yes No
If YES, please give date(s) and details in SECTION 7.
- i) Is there a history of brain tumour? Yes No
If YES, please give date(s) and details in SECTION 7.
- j) Is there a history of Parkinson's disease? Yes No
If YES, please give date(s) and details in SECTION 7.

SECTION 3: Diabetes Mellitus

An applicant using insulin for diabetes must produce both a declaration from a diabetes consultant and a declaration signed by himself, confirming a satisfactory level of control and monitoring as specified in the Council form 'Medical statement for drivers with diabetes using insulin'. He should not be considered fit to hold a licence until this is done.

An applicant taking sulphonylureas or glinides must produce both a declaration from a doctor and from himself confirming a satisfactory level of control and monitoring as specified in the Council form 'Medical statement for drivers with tablets-controlled diabetes' but may be allowed a period of grace to obtain this evidence.

The above forms are available by contacting the Council's Licensing Team.

- a) Does the applicant have diabetes mellitus? Yes No
If YES, please answer the following questions. If NO, proceed to SECTION 4.
- b) Is the diabetes managed by:
- i) Insulin? Yes No
If YES, please give date started on insulin.
If YES, are there at least 3 months of blood glucose readings stored on a memory meter? Yes No
If NO, please give details in SECTION 7.
- ii) other injectable treatments? Yes No
- iii) a sulphonylurea or a glinide Yes No
- iv) oral hypoglycaemic agents and diet? Yes No
- v) diet only? Yes No
- c) i) Does the applicant test blood glucose at least twice every day? Yes No
- ii) Does the applicant test at times relevant to driving (**no more than 2 hours before the start of the first journey and every two hours while driving**)? Yes No
- iii) Does the applicant keep fast acting carbohydrate within easy reach when driving? ... Yes No
- iv) Does the applicant have a clear understanding of diabetes and the necessary precautions for driving? Yes No
- d) Is there any evidence of impaired awareness of hypoglycaemia? Yes No
- e) Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person? Yes No
- f) Is there evidence of:
- i) Loss of visual field? Yes No
- ii) Severe peripheral neuropathy, sufficient to impair limb function for safe driving? Yes No
- g) Has there been laser treatment or intra-vitreous treatment for retinopathy? Yes No
If YES, please give date(s) of treatment.

If YES, to any of the above, please give details in SECTION 7.

SECTION 4: Psychiatric Illness

- a) Has the applicant suffered from or required treatment for a psychotic illness in the past 3 years? Yes No
- b) Has the applicant required treatment for any other significant psychiatric disorder within the past 6 months? Yes No
- c) Is there confirmed evidence of dementia or cognitive impairment? Yes No
- d) Is there a history or evidence of alcohol misuse or alcohol dependency in the last 3 years? Yes No
- e) Is there a history or evidence of persistent drug or substance misuse or dependency in the last 3 years? Yes No

If YES, to questions a, b, d or e, please give details in SECTION 7. Depending on the illness, relevant details will include dates, medication and period of stability.

SECTION 5: General

- a) Has the applicant a significant disability of the spine which is likely to interfere with the efficient discharge of his/her duties as a vocational driver? Yes No
- b) Has the applicant any deformity, loss of limbs or parts of limbs, or physical disability (with special attention paid to the condition of the arms, legs, hands and joints) which is likely to interfere with the efficient discharge of his/her duties as a Hackney Carriage/Private Hire Driver? Yes No

If YES, to questions a or b please give details in SECTION 7.

- c) Is there a history of bronchogenic carcinoma or other malignant tumour, for example, malignant melanoma, with a significant liability to metastasise cerebrally? Yes No
- If YES, please give dates and diagnosis and state whether there is current evidence of dissemination in SECTION 7.

- d) Does the applicant suffer from any other disease or physical disability not mentioned above, which is likely to interfere with the efficient discharge of his/her duties as a driver (including the loading of persons in wheelchairs) or to cause the driving by him/her of a licensed vehicle to be a source of danger to the public? Yes No
- If YES, please give details in SECTION 7.

- e) Is there any serious defect of hearing or speech impairment preventing adequate communication by speech (or by using a device e.g. a minicom) in an emergency? Yes No

- f) In your opinion does the applicant have a medical condition, which is aggravated by exposure to dogs? Yes No
- If YES, please give details of condition in SECTION 7 (and attach copies of any relevant medical reports). For further information see Page 11.
If NO, proceed to SECTION 6.

- g) In your opinion, is the applicant's medical condition so severe that he/she should be exempt from carrying dogs in their licensed vehicle if:
- i) the vehicle has no fixed partition between the driver and the passenger compartment? Yes No
- ii) the vehicle has a fixed partition between the driver and the passenger compartment? Yes No

SECTION 6: Cardiac

A person who has a history of established ischaemic heart disease including a heart attack or angina at any time in the past, whether recent or distant, must have three yearly exercise treadmill tests or another equivalent functional test and be able to demonstrate a satisfactory standard equivalent to DVLA group 2 standard.

a) Coronary Artery Disease - is there a history of, or evidence of:

- i) Myocardial Infarction? Yes No
If YES, please give date(s) in SECTION 7.
- ii) Coronary artery by-pass graft (CABG)? Yes No
If YES, please give date(s) in SECTION 7.
- iii) Coronary angioplasty? Yes No
If YES, please give date(s) in SECTION 7.
- iv) Any other Coronary artery procedure? Yes No
If YES, please give date(s) in SECTION 7.
- v) Has the applicant suffered from Angina? Yes No
If YES, please give date of last attack:
- vi) Is the applicant **STILL** suffering from Angina or only remains
angina free by the use of medication? Yes No
- vii) Has the applicant suffered from Heart Failure? Yes No
If YES: is the applicant **STILL** suffering from Heart Failure? Yes No
or only remains controlled by the use of medication? Yes No
- viii) Has a resting ECG been undertaken? Yes No
If **NO**, proceed to question ix.
If YES, please give date:
Does it show pathological Q waves? Yes No
Does it show Left Bundle branch block? Yes No
- ix) Has an exercise ECG been undertaken (or planned)? Yes No
If YES, please give date in SECTION 7.
- x) Has an angiogram been undertaken (or planned)? Yes No
If YES, please give date and details in SECTION 7.

b) Cardiac Arrhythmia

- i) Has the applicant had a significant documented disturbance of
cardiac rhythm within the past 5 years? Yes No
If YES, please give details in SECTION 7. If **NO**, proceed to SECTION C.
- ii) Has the arrhythmia (or its medication) caused symptoms of sudden
dizziness or impairment of consciousness or any symptom likely to
distract attention during driving within the past 2 years? Yes No
- iii) Has Echocardiography been undertaken? Yes No
If YES, please give details in SECTION 7.
- iv) Has an exercise test been undertaken? Yes No
If YES, please give details in SECTION 7.
- v) Has a Cardiac defibrillator been implanted or anti-ventricular
tachycardia device been fitted? Yes No

- vi) Has a pacemaker been implanted? Yes No
 If NO, proceed to SECTION C.
- vii) If YES, was it implanted to prevent Bradycardia? Yes No
- viii) Is the applicant continuing to suffer from sudden and/or disabling symptoms? Yes No
- ix) Does the applicant attend a pacemaker clinic regularly? Yes No

c) Other Vascular Disorders

- i) Is there a history of Aortic aneurysm with a transverse diameter of 5cms or more (Thoracic or abdominal)? Yes No
 If YES, has the aneurysm been successfully repaired?
- ii) Has there been dissection of the Aorta? Yes No
- iii) Is there a history or evidence of peripheral vascular disease? Yes No
 If YES, to any of the above please give details in SECTION 7.

d) Blood Pressure

- i) Does the patient suffer from hypertension requiring treatment? Yes No
 If YES, is the systolic pressure consistently greater than 180? Yes No
 Is the diastolic pressure consistently greater than 100? Yes No
 Does the hypertensive treatment cause any side effects likely to affect driving ability? Yes No
- ii) Is it possible that your patient suffers from hypertension but as yet the diagnosis is not definitely established? Yes No
 If YES, please supply last 3 readings and dates obtained:

e) Valvular Heart Disease

- i) Is there a history of acquired valvular heart disease (with or without surgery)? Yes No
 If NO, proceed to SECTION F.
- ii) Is there a history of embolism (not pulmonary embolism)? Yes No
- iii) Is there a history of arrhythmia - intermittent or persistent? Yes No
- iv) Is there persistent dilatation or hypertrophy of either ventricle? Yes No
 If YES, to any of the above please give details in SECTION 7.

f) Cardiomyopathy

- i) Is there established cardiomyopathy? Yes No
- ii) Has there been a heart or heart/lung transplant? Yes No
 If YES, please give details in SECTION 7.

g) Congenital Heart Disorders

- i) Is there a congenital heart disorder? Yes No
 If YES, please give details in SECTION 7.
- ii) If YES, is it currently regarded as minor? Yes No
- iii) Is the patient in care of a Specialist clinic? Yes No
 If YES, please give details in SECTION 7.

Please remember to complete SECTION 7 on the next page if you have answered yes to any question.

SECTION 7: Further Information

Patient's Name:

Date of Birth:

SECTION 8: For Applicant

1. This certificate is not one which must be issued free of charge as part of the national health service.
2. Please note that East Lindsey District Council is not liable for the payment of any medical examination fees - these are the sole responsibility of the applicant.

IMPORTANT

You must only sign this when you are with the doctor who will be filling in this report.

Complete in BLOCK CAPITALS.

Your full name:

Your address:

Postcode:

Date of birth:

Telephone - Home:

Work / Daytime:

Email:

Date when first licensed by East Lindsey District Council to drive a hackney carriage or private hire vehicle:

About your GP/Group Practice

GP/Group name:

Address:

Postcode:

Telephone:

Email:

About your Consultant/Specialist (If applicable)

Consultant's Name:

Consultant in:

Address:

Postcode:

Telephone:

Email:

Date of last appointment:

Patient's Name:

Date of Birth:

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Consent and Declaration*

Please sign statements below.

I authorise my Doctor(s) and Specialist(s) to release reports to East Lindsey District Council about my medical condition(s).

I declare that I have checked the details I have given on the enclosed questionnaire and that to the best of my knowledge they are correct.

Signature:

Date:

Your information will be processed in accordance with the law, in particular the Data Protection Act 1998. The information that you provide will only be used for Council purposes unless there is a legal authority to do otherwise.

**The consent and declaration is to be completed by the licence applicant not the medical practitioner.*

SECTION 9: For Medical Practitioners

I CERTIFY THAT:

- a) I have full knowledge of the applicants past medical history and I have referred to the applicant's medical records in my completion of this report.
- b) I have this day examined the applicant, who has signed this form in my presence, and who:
- Meets the DVLA Group 2 medical standard for vocational drivers.
 - Does not meet the DVLA Group 2 medical standard for vocational drivers.
 - The applicant has diabetes treated by insulin and should be required to produce to you the Council form "Medical statement for drivers with diabetes using insulin", duly completed by a diabetes consultant and by himself.
 - I have found a matter of relevance and I recommend that you follow the following recommendations regarding further medical evidence:
 - You should require the driver to produce, within six weeks, a written statement from his doctor stating that his blood pressure (on medical treatment if necessary) is not consistently above 180/100.
 - You should require the driver to produce, within two weeks, a written statement from an optometrist stating that his visual acuity, with glasses if necessary, is at least 6/7.5 in the better eye and 6/60 in the worse eye.
 - You should require the driver to produce, within three months, a statement from his GP or hospital specialist stating that within the last three years he has had an exercise treadmill test or other equivalent test of cardiac function and that this demonstrates that he meets the DVLA Group 2 standard.
 - The driver should produce to you, within six weeks, the Council form "Medical statement for drivers with tablet-controlled diabetes", duly completed by a medical practitioner and by himself.

Is there any reason to have a medical review before six years, or annually if over the age of 65?

No, only as above Yes, more frequently If Yes, state what interval is recommended:

Patient's Name:

Date of Birth:

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This form must only be completed by one of the following:

- a) the applicant's regular medical practitioner who has a full knowledge of his/her medical history; OR
- b) a medical practitioner who has full knowledge of the applicant's medical history.

Please ensure all sections of the form have been completed.

Signature of the Registered
Medical Practitioner:

Date of examination:

Name (IN CAPITALS):

Address:

Surgery stamp:

Postcode:

Telephone:

Notes for the examining doctor:

It is this Council's policy that taxi and private hire drivers must achieve the DVLA group 2 medical standard.

If the applicant is applying for a new licence, the required medical standard must be met before the person can be viewed as fit to act as a vocational driver. If an applicant is renewing an existing licence, and the problem which is identified is not of immediate medical concern, such as blood pressure marginally above the DVLA group 2 level or visual acuities marginally worse than the DVLA group 2 level, the candidate can be considered to be a "provisionally fit" and allowed to hold a licence with appropriate instructions to the licensing authority as indicated above.

An applicant using insulin for diabetes must produce both a declaration from a diabetes consultant and a declaration signed by himself/herself, confirming a satisfactory level of control and monitoring as specified in the Council form "Medical statement for drivers with diabetes using insulin". He/she should not be considered to have achieved the vocational licence standard until this is done.

An applicant taking sulphonylureas or glinides must produce both a declaration from a doctor and from himself/herself confirming a satisfactory level of control and monitoring as specified in the Council form "Medical statement for drivers with tablets controlled diabetes" but may be allowed a period of grace to obtain this evidence.

A person who has a history of established ischaemic heart disease including a heart attack, angina, or insertion of a stent at any time in the past, whether recent or distant, must have three yearly exercise treadmill tests or another equivalent functional test and be able to demonstrate a satisfactory standard equivalent to DVLA Group 2 standard.

Patient's Name:

Date of Birth:

When completed this form should be returned to:

Contact Details:

Licensing Team	Tel: 01507 601111
East Lindsey District Council	E-Mail: licensing@e-lindsey.gov.uk
Tedder Hall	Website: www.e-lindsey.gov.uk
Manby Park	
Louth	
Lincolnshire	
LN11 8UP	

Note for Medical Practitioners

In completing this medical certificate, medical practitioners must have regard to the Vocational Licence (Group 2) guidelines issued by the Medical Advisory Branch, DVLA, Swansea.

The guidelines can be found in the following publication:
Assessing Fitness to Drive: A Guide for Medical Professionals.

The publication can be found on the DirectGov website at www.gov.uk.

East Lindsey District Council requires drivers of hackney carriage and private hire vehicles to attain the Group 2 Vocational Licence Standard.

East Lindsey District Council Form
Last Revised January 2019

Data Protection Notice – Taxi and Private Hire Driver Licensing (Medical Certificate)

East Lindsey District Council is a Data Controller and can be contacted at:

Tedder Hall, Manby Park, Louth, Lincolnshire, LN11 8UP
(Tel: 01507 601111).

The Data Protection Officer can be contacted at the same address.

East Lindsey District Council has a statutory duty to regulate hackney carriage and private hire vehicle activities in the District. We are collecting your personal data in order to process your licence application under the Town Police Clauses Act 1847 and Local Government (Miscellaneous Provisions) Act 1976 as we are the Licensing Authority.

Your personal data will be shared in the following ways as part of this application:

The law requires us to verify that applicants for driver licences have the right to work in the UK. Where necessary, we may need to verify your right to work in the UK information with the Home Office and/or the Department for Work and Pensions (DWP) - this verification will not include the confidential medical data included within this medical certificate.

The Council is required by law to disclose information about licensed drivers to the Cabinet Office as part of the National Fraud Initiative. More details are available on our website.

The Council may also share personal information with a number of other organisations as part of the licensing process. Such organisations may include the Police, DVLA, Home Office, DWP, and Local Authorities. Any information sharing will be managed in accordance with relevant privacy and data protection legislation. The sharing will not include the confidential medical data included within this medical certificate.

Your data will not be shared with other third parties but may be used for Council purposes, in order to prevent or detect crime, to protect public funds or where we are required or permitted to share data under other legislation.

Some limited licensee information may be made available to the public where relevant legislation requires or permits it and publication is in the public interest. Examples include licensee names and associated badge or licence numbers, together with the status and expiry dates of those licences. The information made available will not include the confidential medical data included within this medical certificate.

In line with our retention policy your data will be kept for the period of time that you hold a licence with this Authority and then (with the exception of medical data) for a further 6 years after your last licence expires. At the end of your period of licensing with the Council we will confidentially destroy your medical data. All other data will be confidentially destroyed after six years.

We also keep data for six years from the resolution of an unsuccessful licence application or the resolution of legal proceedings. The exception to this being medical data which we will confidentially destroy on the resolution of an unsuccessful licence application.

You have the right to access your data and to rectify mistakes, erase, restrict, object or move your data in certain circumstances. Please contact the Data Protection Officer for further information or go to our website where your rights are explained in more detail. If you would like to receive an explanation of your rights in paper format please contact the Data Protection Officer.

Any complaints regarding your data should be addressed to the Data Protection Officer in the first instance. If the matter is not resolved you can contact the Information Commissioner's Office at:

Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF
Tel: 0303 123 1113

If you do not provide the information required on the form then we will not be able to process your application for a licence.

For further information on our Data Protection Policies please go to our website: www.e-lindsey.gov.uk

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