

COMMERCIAL BOAT DRIVER LICENCE – MEDICAL REPORT ON AN APPLICANT AGED 65 OR ABOVE

GUIDELINES ON THE MEDICAL HISTORY OF APPLICANT FOR A BOAT OPERATOR'S LICENCE

It is extremely unlikely that the Council will be able to issue a licence to applicants with a medical history of any of the following:

- More than one coronary thrombosis
- Epilepsy
- Alcoholism or drug addiction
- Insulin dependent diabetes
- Angina
- Loss of an eye
- Profound deafness
- Multiple sclerosis
- Parkinson's disease.

Whether or not a certificate has been produced the applicant shall, if requested by Westmorland and Furness Council, undergo a medical examination by a registered Medical Practitioner to be selected by the Council and at the applicant's expense.

Notes on how to complete this form

- The applicant must complete Part A
- The applicant must then arrange for Part B to be completed by their Medical Practitioner and to pay any consequential fee for this service
- The completed form must be returned to Westmorland Council at the address below
- Any fee charged is payable direct to the Medical Practitioner by the Applicant.

How to return this form

You, the applicant, must include this form with your application for a Boat Operator's Licence.

You can find further information at:

<https://www.westmorlandandfurness.gov.uk/business-and-licensing/licensing/boat-licensing-0>

PART A – INFORMATION ABOUT THE APPLICANT

Applicant to complete Part A.
Please complete fields in BLACK INK and BLOCK CAPITALS

Full name:

Address:

Postcode:

Date of Birth:

Name and address of your Medical Practitioner or the Group Practice with which you have been registered for the last 12 months:

I hereby consent to the Licensing Authority (Westmorland and Furness Council) receiving reports from my Medical Practitioner and/or Medical Consultant about my medical condition.

Applicant's signature:

Date:

PART B – MEDICAL REPORT

Please tick appropriate boxes

**Medical Practitioner to complete all of Part B.
Please complete fields in BLACK INK and BLOCK CAPITALS**

1. CARDIOVASCULAR

Part	Question	Yes	No	Notes
a.	Any history of cardiac infarction (coronary thrombosis), any persisting angina pain, or current need of treatment for angina?			
b.	Any other evidence, including FCG, of ischaemic heart disease?			
c.	Any history of arrhythmia (excluding extra systoles which disappear on effort?)			
d.	Is the blood pressure 200/110 or over?			
e.	Hypertension treatment (by medication other than a diuretic or beta-blocker?)			
f.	Cardiac pacemaker fitted?			
g.	History of current intermittent claudication?			
h.	History of open heart or vascular surgery?			

2. ENDOCRINE SYSTEM

a. Is the applicant receiving diabetic treatment via insulin injection?

Yes

No

If yes, please provide details:

3. EPILEPSY

a. has the applicant suffered any attack of epilepsy?

Yes

No

If yes, please provide details:

4. NERVOUS SYSTEM

Part	Question	Yes	No	Notes
a.	Any progressive disorder of the nervous system?			
b.	Any history of one or more transient ischaemic attacks, or cerebrovascular accidents?			
c.	Any history of a severe head injury or major craniotomy?			
d.	Any hearing defect to the extent of preventing communication via telephone?			

5. PSYCHIATRIC ILLNESS

Part	Question	Yes	No	Notes
a.	Any history of psychosis?			
b.	Any abuse of alcohol or drugs?			
c.	Any mental disorder requiring psychotropic medication during the last six months?			

6. VISION

NOTE: If you do not have the equipment to carry out these checks the applicant needs to be referred to an ophthalmic specialist or optician

Part	Question	Yes	No	Notes
a.	Received cataract surgery?			
b.	Does the applicant fail to meet a standard of 6/60 (Snellen) without correction in both eyes separately?			
c.	Any monocular vision?			
d.	Any insuperable diplopia or pathological field defect?			

7. MUSCULOSKELETAL SYSTEM

a. Does the applicant have any deformity, loss of members, or physical disability (with special attention paid to the conditions of the arms, legs, hands and joints) that is likely to interfere with the efficient discharge of their duties as a vocational driver?

Yes

No

If yes, please provide details:

8. OTHER CONDITIONS

a. Does the applicant suffer from any disease not mentioned above, which is likely to interfere with the sufficient discharge of their duties as a driver, or to cause driving by the applicant on a vocational licence to be a source of danger to the public?

Yes

No

If yes, please provide details:

Medical Practitioner's signature:

Print name:

Address:

Telephone number: