

**EQUALITY ACT 2010*****Application for Medical Exemption Certificate*****Background**

Eastleigh Borough Council is committed to an accessible public transport system in which disabled people have the same opportunities to travel as other members of society. Hackney Carriages and Private Hire Vehicles are a vital link in the accessible transport chain and it is important that people who use wheelchairs or guide, hearing or other assistance dogs can have confidence that the Hackney Carriage or Private Hire Vehicle they hire will accept them and their wheelchair or assistance dog and carry them at no extra charge.

However, to enable drivers with certain medical conditions, which prevent them from providing mobility assistance to others or have severe allergies to dogs, to continue to drive licensed vehicles, the law includes provisions for drivers to be exempted from these duties on medical grounds.

The Licensing Authority is responsible for issuing Certificates of Exemption and needs to be satisfied that it is appropriate to do so on medical grounds.

Please complete the following and send to:

By post:

Southampton & Eastleigh Licensing Partnership  
PO Box 1767  
Southampton  
SO18 9LA

In person:

Licensing  
Eastleigh House  
Upper Market Street  
Eastleigh  
SO50 9YN

**For completion by the driver:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Licence Number: \_\_\_\_\_

HCD

PHD

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Are you applying for a medical exemption from the following? (*please tick*):

Carrying wheelchair users

Carrying assistance dogs

Other (*please specify*)Are you applying for a permanent or temporary exemption? (*please tick*)

Permanent exemption

Temporary exemption

If applying for a temporary exemption, please state the period for which you would want the exemption to last:

Signature:

Date:

**For completion by a Medical Practitioner who has full access to the patient’s medical history.**

Medical Practitioner Name	
Medical Practitioner Address	
Post Code	
Official Practice Stamp	

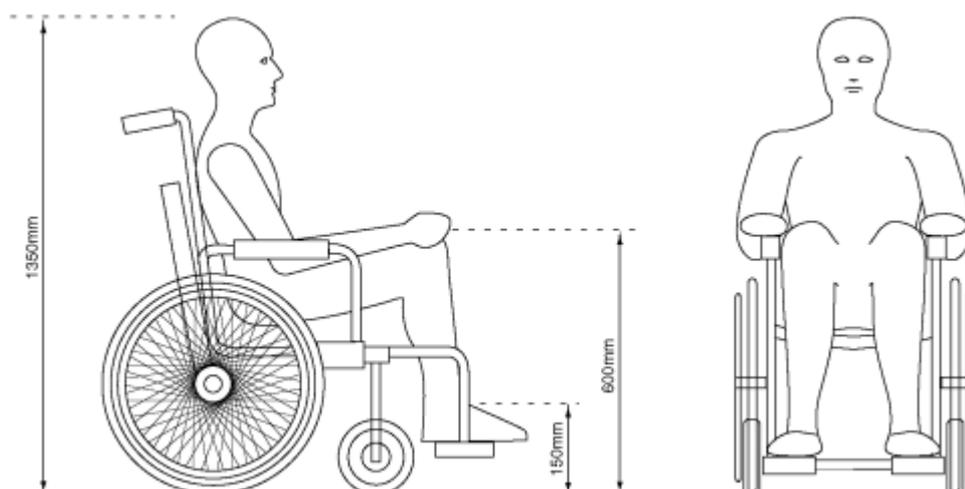
In your opinion, does this person have a medical condition or disability which would make it difficult for them to provide physical assistance to passengers in wheelchairs?

*The types of assistance that may be required are;*

*If the passenger wishes to remain in the wheelchair, the driver must help the passenger to get in and out of the vehicle and secure the wheelchair in accordance to the vehicle specification.*

*If the passenger wants to transfer to a seat, the driver must help him or her to get out of the wheelchair and into a seat and back into the wheelchair; the driver must also load the wheelchair into the vehicle together with any luggage.*

*As there are numerous shapes and sizes of wheelchair this assessment should be based on the applicant’s ability to perform the above with a ‘reference wheel chair’. The Department for Transport consider a reference wheelchair to be as illustrated below.*



Yes / No

If "Yes", please give details of the condition/disability and detail what duties cannot be undertaken and for how long they cannot be undertaken. Please attach any relevant medical reports.

Does this person have a medical condition which would make it difficult for them to carry assistance dogs in their vehicle?

Yes / No

If "Yes" please give details and detail what duties cannot be undertaken and for how long they cannot be undertaken. Please attach any relevant medical reports.

Is this a permanent condition?

Yes / No

Is this a temporary condition?

Yes / No

If 'Yes' please give date that Temporary Exemption should be granted until

/ /20

Signature:

Date: