

# Equality Act 2010 – Medical Exemption Certificates

## Application Form

### General

1. The licensing unit will communicate via e-mail. Please ensure that your e-mail and other contact details are correct on the application form.
2. The MCC 'Medical Exemption Application Form' must be completed by the applicant and their GP. The GP must have access to the driver's full medical records.

The application form and any relevant medical records must be submitted (as a pdf document) to the Licensing Team or completed via e-mail to [taxi.licensing@manchester.gov.uk](mailto:taxi.licensing@manchester.gov.uk)

3. There is no fee attached to this process however the Council will not be responsible for any GP or Specialist costs (if any) associated with the completion of the application form, submission of further documentation or medical investigations
4. Drivers who wish to apply for a 'Medical Exemption Certificate' should download the MCC Medical Exemption Application Form using the following link:  
XXXXXXXXXX and take the form with them to their pre-arranged GP appointment.
5. Once the form has been fully completed by the applicant and GP it should be sent within 28 days of being signed by the GP with any relevant documents ( eg letter from GP or specialist report):-
  - as a **PDF document** (photo images are not acceptable) to [taxi.licensing@manchester.gov.uk](mailto:taxi.licensing@manchester.gov.uk) (in the subject heading please put **MEDICAL EXEMPTION** followed by your Badge Number). **or**
  - the documents can be handed in at the customer service centre at the Town Hall Extension, St Peters Square, Manchester M60 2LA **or**
  - by posted to Manchester City Council, PO Box 532, M60 2LA
6. Once submitted the application will be reviewed (within **10 working days** from the date of receipt by the taxi licensing unit) by a Senior Licensing Officer. and the applicant will be advised, within this timeframe:
  - If clarification or further medical evidence is required or
  - that a medical exemption has been granted or refused
7. If a driver does not agree with the decision of the Senior Licensing Officer the matter driver can decide:
  - Have the matter determined by the next available Licensing and Appeals Sub Committee (appeal against refusal to the Magistrates Court within 28 days of the date of refusal) or

- To make a direct appeal to the Magistrates Court (within 28 days of the date of refusal).

## Medical Exemption Application Form – (To be completed by Driver and GP)

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Medical Exemption, on medical grounds, from the duties to: assist wheelchair passengers or carry assistance dogs in accordance with Sections 165, 168 and 170 of the Equality Act 2010.

The information provided in this form will need to be verified by a general practitioner and/or medical specialist. This will require you to take this form to be completed to a GP (or medical specialist) who has access to your full medical records. You will also be required to give consent to the release of the relevant medical information to the Council.

### **PART A – to be completed by the driver**

- You must be registered with the GP who will be completing this form
- The council is not responsible for any cost incurred in the completion of this form or any communication with your GP or in requiring any additional information from a Medical Specialist
- You will need to take either your DVLA photo card or passport with you to the GP/Specialist for identification verification purposes

Once completed the form should be sent to:

- Taxi Licensing Section, Manchester City Council, PO Box 532, M60 2LA
- Or by e-mail (as a PDF document) to [taxi.licensing@manchester.gov.uk](mailto:taxi.licensing@manchester.gov.uk) using the subject heading Driver Medical Exemption Certificate Application.

Please complete your details and

**Section A (i)** if you are applying for an exemption from ‘assisting passengers in a wheelchair’ **or**

**Section A(ii)** if you are applying for an exemption from carrying assistance dogs.

<b>Surname</b>							
<b>First Names</b>							
<b>Address</b>							
<b>Post code</b>							
<b>Date of Birth</b>	DD MM YYYY	<b>Driver Badge Number</b>					
<b>Telephone Number</b>		<b>e-mail</b>					
<b>Vehicle details (Where applicable)</b>							
<b>Make</b>		<b>Model</b>					
<b>Registration Number</b>		<b>Plate number</b>					
<b>Does the vehicle have a compartment that separates the driver from the passengers?</b>		<b>YES</b>		<b>NO</b>			
What exemption are you applying for? Please ✓							
Assist wheelchair passengers Please complete the questions in Section A(i)							
Carry assistance dogs Please complete the questions in Section A(ii)							

**Section A (i) 'assisting passengers in a wheelchair'.**

Please specify what your medical condition is and how your condition impacts on your ability to carry out the duties as required by the Equality Act 2010.

What is your medical condition – (please describe)

Do you take regular medication for this condition? (✓) Yes  No

Is this a current medical condition? (✓) Yes  No

If yes how long have you had this condition? Please give month and year  
MM/YYYY

Is this a new medical condition? (✓) Yes  No

If yes how long have you had this condition? Please give month and year  
MM/YYYY

Have you seen a specialist about your medical condition? (✓) Yes  No

If yes when was this? Please give month and year  
MM/YYYY

Please say how your medical condition would stop you from assisting passengers in each of the following circumstances

(a) to assist passengers to get into or out of the vehicle

(b) If the passenger wishes to remain in the wheelchair, to enable the passenger to get in and out of the vehicle while in the wheelchair.

(c) To load the passenger's luggage into or out of the vehicle

(d) If the passenger does not wish to remain in the wheelchair to load the wheelchair into the vehicle.

## Section A(ii) – Carrying of Assistance Dogs

Please specify what your medical condition is and how your condition impacts on your ability to carry out the duties as required by the Equality Act 2010.

What is your medical condition – (please describe)

Do you take regular medication for this condition? (✓) Yes  No

Is this a current medical condition? (✓) Yes  No

If yes how long have you had this condition? Please give month and year  
MM/YYYY

Is this a new medical condition? (✓) Yes  No

If yes how long have you had this condition? Please give month and year  
MM/YYYY

Have you seen a specialist about your medical condition? (✓) Yes  No

If yes when was this? Please give month and year  
MM/YYYY

Please say how your medical condition would stop you from assisting passengers in each of the following circumstances

Allowing an assistance dog in your vehicle?

Where the vehicle **has a partition** between the driver and passengers?(delete if not applicable)

Where the vehicle **has no partition** between the driver and passengers? (delete if not applicable)

**Declaration**

I give consent for the information provided in this form, together with any relevant medical records or additional medical information form a specialist to be made available to Manchester City Council taxi licensing unit for the sole purpose of considering my application for an exemption on medical grounds, from the duties to assist wheelchair passengers in accordance with the requirements of the Equality Act 2010 (\*delete as required)

I am aware that it is an offence by failing to comply with a duty imposed on a driver in relation to disabled persons who are in wheelchairs or the carrying of 'assistance dogs' unless you hold (and display) a medical exemption certificate. You could be liable upon conviction of a fine and you risk losing your private hire and or hackney carriage driver licence.

Applicant (Full) Name (print)

Applicant Signature .....Date

.....

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**PART B - To be completed by Medical Practitioner**

**Background**

The Government is committed to an accessible public transport system in which disabled people can enjoy the same opportunities to travel as other members of society. Hackney Carriage (Taxis) and Private Hire vehicles are a vital link in the accessible transport chain and it is important that disabled people who use wheelchairs or use assistance dogs have confidence that the taxi they find on a rank or the private hire they book will assist them at no extra charge.

The Act allows Licensing Authorities to exempt drivers from the duties if they are satisfied that it is appropriate to do so on medical grounds or because the driver's physical condition makes it impossible or unreasonably difficult for him or her to comply with the duties.

In determining whether to issue an exemption certificate, the licensing authority will also have to consider a Doctor/Specialist report and whether this is a temporary or permanent condition.

The driver should have competed either



**Section A (i)** if applying for an exemption from 'assisting passengers in a wheelchair' **or**

**Section A(ii)** if applying for an exemption from carrying assistance dogs.

Before completing this form please read the relevant sections of the Act on page XX which detail the driver's duties.

### **Medical Assessment**

For completion by a \*Medical Practitioner/Specialist who has full access to the patients' Medical History.

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### **Patient's Details**

**Patients Full Name:**

Date of Birth

Hackney Carriage and or Private Hire Driver Licence Number

Address

Post Code

### **Patient Identify.**

I confirm that I have established the patient's identification by viewing one of the following (please 'tick' as appropriate)

DVLA Photo card Licence

Passport

### **Notes for GP:**

The use of the word likely should be interpreted as meaning that it could well happen, rather than that it is more probable than not that it will happen. If the condition

has lasted more than 12 months, after the first occurrence, or is the condition one that will respond to treatment.

**The person named above has applied for a Medical Exemption Certificate**

Please complete either:

Section 1 if the application is for an exemption from 'assisting passengers in a wheelchair' or

Section 2 if the application is for an exemption from carrying assistance dogs

And Section 3 in all cases.



## Section 2. Carrying Assistance Dogs

In your opinion, does this person have a medical condition or disability which would make it difficult for them to carry an assistance dog in?

A private hire vehicle which does not have a compartment that separates the driver from the passengers?

**\*Yes / No \* Not applicable (\*delete as necessary)**

A hackney carriage vehicle, which has a compartment that separates the driver from the passengers?

**\*Yes / No \* Not applicable (\*delete as necessary)**

Please state what the medical condition is:

Is this a current medical condition? (✓) Yes  No

If yes when was it diagnosed Please give month and year  
MM/YYYY

Is this a new medical condition? (✓) Yes  No

If yes how long has the patient had this condition? Please give month and year  
MM/YYYY

Has the patient seen a specialist about the medical condition? (✓) Yes  No

If yes when was this? Please give month and year  
MM/YYYY

Is regular medication prescribed for this specific condition? (✓) Yes  No

If yes please specify the medication:

**Section 3 – please FULLY complete**

Please explain in writing – please use additional paper and or medicals records/notes as required.

- a) how this condition would affect the driver and prevent him/her from carrying out the duties as required under the Equality Act 2010 and .
  
- b) would taking treatment for the condition allow the driver to carry out his/her duties as required by the Equalities Act 2010
  
- c) Is the condition Permanent or temporary if temporary please indicate how long an Exemption Certificate should be issued for?

\*(delete as required) \*Medical Practitioner/Specialist

Full Name (please print)

Address:

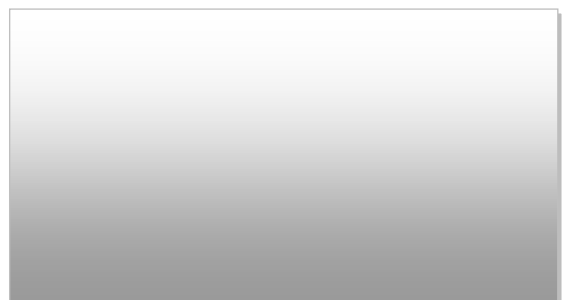
Post Code:

Contact number:

Signature:

Date

Official Practice/Hospital Stamp



## Relevant Sections of the Act and Driver Duties

**Section 165:** Places duties on drivers of wheelchair accessible taxis or private hire vehicles to assist passengers who use wheelchairs:

- To carry the passenger while in the wheelchair
- Not to make any additional charge for doing so
- If the passenger chooses to sit in a passenger seat to carry the wheelchair
- To take such steps as are necessary to ensure that the passenger is carried in safety and reasonable comfort and
- To give the passenger such mobility assistance as is reasonably necessary

**Section 166:** Provides the authority for a licensing authority to issue an exemption certificate exempting the person from duties imposed by Section 165, where they are satisfied that it is appropriate to do so on medical grounds.

**Section 168:** Places duties on the driver of a hackney carriage vehicle:

- To carry a disabled persons assistance dog and allow it to remain with that person
- Not make any additional charge to do so

**Section 169:** Provides the authority for a licensing authority to issue an exemption certificate exempting the person from duties imposed by Section 168, where they are satisfied that it is appropriate to do so on medical grounds.

**Section 170(3):** Makes it an offence for a private hire driver to fail or refuse to carry out a booking accepted by a Private Hire Operator:

- For a booking made by or on behalf of a disabled person or a person who wishes to be accompanied by a disabled person and
- The reason for failure or refusal is that the disabled person is accompanied by an assistance dog.

**Section 171** Provides the authority for a licensing authority to issue an exemption certificate exempting the person from duties imposed by Section 170, where they are satisfied that it is appropriate to do so on medical grounds.