

## Medical Exemption - Wheelchair Application form (Equality Act 2010)

### CARRIAGE OF WHEELCHAIRS AND PROVISION OF “MOBILITY ASSISTANCE”

**The Council will not accept a medical certificate that is more than three months old**

#### OBLIGATIONS ON LICENSED DRIVERS TO CARRY DISABLED PERSONS USING WHEELCHAIRS

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. Taxis are a vital link in the accessible transport chain and it is important that disabled people who use wheelchairs can have confidence that the taxi they find on a rank, or hail on the street, will accept them and carry them in their wheelchair at no extra charge.

Drivers have an obligation under section 165 of the Equality Act 2010 to carry persons using wheelchairs unless they are in possession of an exemption certificate issued in accordance with that Act.

The Council has determined that it shall provide an exemption to these duties, to drivers who have medical conditions which prevent them from assisting people in wheelchairs. The Council is responsible for issuing exemption certificates and needs to be satisfied that it is appropriate to do so, on medical grounds.

Applicant Details	
<b>Full name of applicant:</b>	
<b>Date of birth:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Tel. No:</b>	
<b>Email:</b>	
<b>MDDC Driver licence no:</b>	

#### Applicants declaration

I declare that the information contained within this application is true to the best of my knowledge and belief. I also hereby permit Mid Devon District Council to make enquiries with my examining doctor to verify my application. I also accept that if my exemption is granted by Mid Devon District Council, any misuse of the exemption granted to me may result in the withdrawal of that exemption and / or prosecution.

<b>Signature of applicant</b>		<b>Date</b>	
-------------------------------	--	-------------	--

FOR COMPLETION BY GENERAL PRACTITIONER OR MEDICAL SPECIALIST ONLY	
Details of examining Doctor	
Doctors Name	
Surgery Address	
Post Code	
Tel. No.	

Details of medical condition		
In your opinion, does this person have a medical condition which <b><u>PREVENTS</u></b> him/her from assisting wheelchair users?	Yes	No
If “yes” to question above, please give details of condition.		
Does the patient still satisfy DVLA Group II Driver Medical Standards.	Yes	No

Recommended period of exemption			
Are you recommending a life exemption?		Yes	No
Are you recommending for a temporary exemption?		Yes	No
If you are recommending a temporary exemption, please state the period it is recommended to last.			
Signature of Doctor		Date	

### Important Notes:

The full guidance for driver DVLA driver medical standards of fitness to drive can be found at the following hyperlink:

<https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>

Licensing, Mid Devon District Council, Phoenix House, Phoenix Lane, Tiverton, Devon EX16 6PP

T: 01884 255255.

E: [licensing@middevon.gov.uk](mailto:licensing@middevon.gov.uk)

[www.middevon.gov.uk](http://www.middevon.gov.uk)