

MEDICAL CERTIFICATE



**BOROUGH OF
BROXBOURNE**

www.broxbourne.gov.uk

APPLICANT DETAILS

Full name

Date of Birth (dd/mm/yyyy)

Address

Phone number

Email Address

I hereby authorise my doctors/specialists to release reports/medical information to the Medical Practitioner should they require further information about condition(s) to confirm my fitness to drive and meet the DVLA Group 2 medical standard.

Signature of applicant

(Must be signed in the presence of the Medical Practitioner signing this certificate)

TO BE COMPLETED BY MEDICAL PRACTITIONER

You are 'Assessing fitness to drive' at DVLA Group 2 standard. Please consult the DVLA interactive document '[Assessing fitness to drive-a guide for medical professionals](#)' which is available online on the Gov.uk website.

THIS MEDICAL MUST BE COMPLETED IN PERSON AND NOT REMOTELY.

Please confirm the applicant has provided:

A NHS care summary record yes ☐ no ☐

One of the following forms of identification:

Passport: yes ☐ no ☐

Passport no:

Driving licence: yes ☐ no ☐

Driving licence no:

A medical certificate is required on initial application and thereafter every five years until the age of 65. From the age of 65 a certificate will be required annually.

Do you consider further examination necessary in a period less than that stated in Council Policy?
If YES please recommend:

I hereby certify that I have on this day examined the applicant, who signed this form in my physical presence and provided one form of identification as indicated above, who is in my opinion:

Medically Fit /Unfit (delete as appropriate)

To drive a Hackney Carriage or Private Hire vehicle.

Medical Practitioner's Name: (in Capitals)

Address:

Telephone/mobile:

I confirm I am registered with the GMC with a licence to practice yes ☐ no ☐

Signature of GMC registered Medical Practitioner:

Date:

GMC Number:

Medical
Practice
stamp: