

# Hackney Carriage and Private Hire Vehicle DRIVER MEDICAL CERTIFICATE



Full Name of Applicant (BLOCK CAPITALS)			
Address			
Date of Birth	Day	Month	Year
Signature of Applicant			
(to be signed in the presence of the Medical Practitioner signing this Certificate)			
<b>See attached completed MEDICAL EXAMINATION REPORT D4 for a group 2 medical.</b>			

**NOTE:**

This certificate is not one which must be issued free of charge as part of the National Health Service. The Council accepts no liability to pay for any medical examinations, and any fee charged is payable direct by the applicant.

**NOTE FOR MEDICAL PRACTITIONERS:**

In completing this medical certificate Medical Practitioners are asked to have regard to the recommendations "For Medical Practitioners guide to the Current Medical Standards of Fitness to Drive" issued by the DVLA or to the Notes for the Guidance of Doctors conducting those examinations prepared by the British Medical Association.

I wish the following comments to be taken into account when assessing the applicant's suitability:

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I CERTIFY that I have this day examined the applicant, who has signed this form in my presence. I would recommend ( having where appropriate contacted the applicants own GP and been advised there is no information to the contrary) that in accordance with DVLA Group 2 Medical Standards the applicant is:

Medically Fit:  Medically Unfit:  (please ✓ as appropriate)  
to drive a Hackney Carriage or Private Hire Vehicle

Signature of Doctor		Surgery Address
Doctor's Name (BLOCK CAPITALS)		
Date		
Phone		Email