



Group 2 DVLA Medical Standards of Fitness to Drive Declaration and Certification of Fitness to Drive

Patient Name:	
Date of Birth:	

Does the applicant have any other medical condition that you are aware of, that may affect safe driving?

Yes No

At the time of the physical examination, and the completion of this medical form, I had possession of the individual's full medical records, or a medical history summary of the individual's medical history, including medication and previous conditions

Yes

Please note – Cambridge City Council will not accept any medical conducted in the absence of the full or medical history summary detailing the individual's medical history, including medication and previous conditions. **The D4 must be fully completed.**

Based upon the examination findings and the information given, **I am / I am not** (please delete as appropriate) aware of a medical condition that precludes the named individual from holding a Group 2 licence.

I certify that the applicant is (✓ as appropriate):

FIT

UNFIT

to act as the driver of a Hackney Carriage or Private Hire Vehicle.

I confirm that this certificate was completed by me at the physical examination, and that I am currently GMC registered and hold a licence to practise in the UK. I also confirm, I am the patient's doctor or a doctor at Cambridge City Councils approved providers.

Name of GP	
Signature	
GMC number	
Date	
Surgery Stamp	

