

## City of Wolverhampton Council Licensing Services

### Hackney Carriages and Private Hire Drivers Medical Certificate

**Full Name of Applicant (CAPITALS)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Postcode** \_\_\_\_\_

I hereby authorise my doctor(s) and specialists to release reports/medical information to the Medical Practitioner, should they require further information about condition(s) relevant to my fitness to drive to group 2 standard.

**Signature of applicant** \_\_\_\_\_

(To be signed in the presence of the medical practitioner signing this certificate)

You are 'Assessing Fitness to Drive' at DVLA Group 2 Standard, a guidance for medical professionals is available online at

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

This medical must be completed in person and not remotely.

The applicant has provided one from each type of the following forms of identification,

**Type 1:** Passport  Driving Licence

**Type 2:** Utility Bill (gas, electric, telephone, water)  Bank Statement

Birth Certificate  Marriage/ Civil Partnership Certificate

**Date of Birth of applicant** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age of applicant** \_\_\_\_\_

#### Medical certification frequency requirement

- A new certificate must be produced every 5 years after the applicant's 45<sup>th</sup> birthday.
- Once the age of 65 is reached, a medical certificate must be produced every year.

#### Earlier medical certification frequency requirement

The above medical certification frequency is not sufficient:  (tick box, if applicable) and I recommend that the applicant is examined no later than: (insert date) \_\_\_\_\_

I certify that I have on this day examined the applicant, who signed this form in my physical presence and showed two forms of identification as indicated above, who is in my opinion,

**Medically fit**  **Medically unfit**  to drive a hackney carriage or private hire vehicle.

**Signature of GMC registered Medical Practitioner** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/2022

**GMC Reference Number**

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**Name (CAPITALS)** \_\_\_\_\_

Please add address and phone number  
or Medical Practice Address Stamp  
**No disclaimers are acceptable.**

Please note – this certificate is only valid from four months from the date of assessment.