

Solihull Council Hackney Carriage & Private Hire Driver's Medical Certificate



Full Name of Applicant _____ DOB _____

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 the DVLA 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 Standards, a guidance for medical professionals is available online at <https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>

I certify that I have examined the applicant, who has signed this form in my presence and I declare that they are:

Medically fit / Medically unfit (delete as appropriate) to drive a hackney carriage/private hire vehicle.

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

Medical certification frequency requirement

Applicants are required to produce a medical certificate **every three years** until the age of 60 when a medical certificate must be produced **every year**. If a medical certificate is required more frequently than this, please give details here:

Signature of GMC registered Medical Practitioner

_____ **Date** _____

GMC Reference Number _____

Please add Medical Practice address & phone number or medical practice address stamp here (no disclaimers are acceptable)

Please see Guidance Notes Overleaf

Guidance Notes

Medical practitioners:

- **If any additional information to support the certificate is required, please attach.**
- **Please ensure that the applicant signs the form in your presence and please also ensure that you view the applicant's identification.**

Applicants:

- **This form must be completed by either your own GP or any other GMC registered GP**
- **This certificate must be dated no longer than one month before your application date.**
- **Solihull Council reserve the right to request medical information and to require a further assessment at any point during the licence term.**
- **You must inform us of any changes to your medical fitness within 14 days of any issue arising.**
- **If there is any doubt as to a person's medical fitness, the licence may be suspended, revoked or the renewal refused pending further investigation.**