



Oadby & Wigston

BOROUGH COUNCIL

MEDICAL EXAMINATION FOR HACKNEY CARRIAGE AND PRIVATE HIRE DRIVERS

Medical Certificate

This form is to be completed by a medical practitioner who has access to the applicants medical records following the completion of the Driver and Vehicle Licensing Agency's D4 Form.

APPLICANT DETAILS

Name	Date of Birth
Address	Post Code

Applicants Consent and declaration

I authorise my Doctor(s), Specialist(s) and Optometrist(s), to release the information contained on the enclosed D4 form, and any other reports about my medical conditions to the Chief Executive of Oadby and Wigston Borough Council.

I authorise the Chief Executive of Oadby and Wigston Borough Council to discuss such medical information as necessary to doctors or paramedical staff to investigate my fitness to drive and to release my doctor(s) details of the outcome of my case and any relevant medical information.

I declare that I have checked the details I have given on the enclosed questionnaire and that, to the best of my knowledge and belief, they are correct.

SIGNATURE.....DATE.....

DOCTOR'S DETAILS

GP Practice/Surgery/Organisation	Medical Practitioner's name
Address	Post Code

Medical Practitioner's Declaration

I have completed a medical assessment of the above applicant having full regard to his/her medical history. The results are contained on the completed D4 documents enclosed.

I consider that the applicant

MEETS

DOES NOT MEET

Surgery/Organisation Stamp

The criteria for Group 2 Vocational drivers licence as set out in the latest editions of the DVLA publication "a Glance to the Current Medical Standards of Fitness to Drive – A Guide for a Medical Practitioners"

SIGNATURE.....DATE.....

Before signing please ensure that you have stated whether you consider the applicant meets or does not meet the Group 2 criteria