Sandwell Council Taxi Licensing
Hackney Carriage and Private Hire Drivers Medical Certificate

Full Name of Applicant (CAPITALS)_____

Address: _____

Town: _____

Postcode: _____

I declare I have obtained reports and medical information from my doctor(s) and specialists and provided these to the Medical Practitioner undertaking my assessment 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, with the applicant detailed above.

Please confirm that the applicant has provided at least one form of identification from each of the lists below:

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 medical certificate must be produced every 3 years, unless the medical practitioner recommends a shorter frequency.
- Once the applicant reaches the age of 65 a new certificate must be produced every year, unless the medical practitioner recommends a shorter frequency.

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) ____/____/____

Sandwell
Metropolitan Borough Council

I certify that I have on this day examined the applicant, who signed this form in my physical presence and they showed two forms of identification as indicated above. I confirm I have received and reviewed a minimum of 2 years medical records for the applicant. In my opinion they are **Medically fit** ☐ **Medically unfit** ☐ to drive a hackney carriage or private hire vehicle.

Signature of GMC registered Medical Practitioner_____

Date____/____/___ **GMC Reference Number**_____

Name (CAPITALS) _____

Please add address and phone number or Medical Practice Address Stamp

No disclaimers are acceptable