

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 45th 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 having reviewed the applicants medical records, 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.

Name of GMC registered Medical Practitioner _____

Signature of GMC registered Medical Practitioner _____ Date __/__/____

GMC Reference Number

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