

Certificate of fitness to drive a Hackney Carriage or Private Hire vehicle

***** PLEASE NOTE THIS MEDICAL NEEDS COMPLETING BY YOUR OWN GP
(Your Medical will NOT be accepted if it does not meet these criteria) *****

When completing this medical report and certificate, please have regard to the DVLA's [Assessing fitness to drive: a guide for medical professionals](#). The main purpose of the medical report is to ascertain that the client has no identifiable health reasons that would impact on their ability to drive and any additional information should only be disclosed to advise on recommended length of fitness (eg. insulin dependent diabetic).

Applicants who may be symptom free at the time of the examination should be advised that if, in future, they develop symptoms of a condition which could affect safe driving and they hold any type of licence they must inform the Council.

Any additional information not relevant to the below two instances are not to be disclosed.

Applicant Name: _____

Date of Birth: _____

Being a registered Medical Practitioner who is aware of the DVLA Group 2 medical examination requirements. I have today examined the above applicant. I have examined the applicant medically to the DVLA Group 2 medical standards for Vocation Drivers and I consider the above applicant *;

**Please tick relevant box*

Has no identified health reason that would impact on meeting the DVLA Group 2 medical standards for vocational drivers.

I have identified some health concerns which I have subsequently advised the applicant they must report to the DVLA and Calderdale Council Licensing Department as they may impact driving.

I confirm that the above applicant is registered with this surgery and has been registered since _____ (date must be completed**)**

Signed:

Date:

Name: _____
(BLOCK CAPITALS)

Surgery Stamp: