

**UTTLESFORD DISTRICT COUNCIL LICENSING SERVICES
MEDICAL CERTIFICATE**

APPLICANT DETAILS

Full Name (*Complete in Capitals): _____

Date of Birth: ___/___/_____

Age: _____

Address: _____

Phone/Mobile: _____

Email: _____

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) to confirm my fitness to drive and meet the DVLA Group 2 medical standard:

*Signature of Applicant: _____

(*To be signed in the presence of the Medical Practitioner signing this certificate)

TO BE COMPLETED BY MEDICAL PRACTITIONER

You are 'Assessing Fitness to Drive' at **DVLA Group 2 Standard**. Please consult the DVLA interactive document 'Assessing Fitness to Drive – a guide for medical professionals', which is available online at:

[MIS828_interactive_020321_Final.pdf \(publishing.service.gov.uk\)](#)

THIS MEDICAL MUST BE COMPLETED IN PERSON AND NOT REMOTELY.

Please confirm by ticking the relevant boxes that the applicant has provided:

- 1) An NHS Summary Care Record
- 2) One of the following forms of identification:

Passport Passport No: _____ Driving Licence Driving Licence No: _____

MEDICAL CERTIFICATION FREQUENCY REQUIREMENT

- A new medical certificate must be provided every 3 years
- A medical certificate is required more frequently than 3 years (tick box, if applicable) and I recommend that the applicant is examined no later than: (Insert date) ___/___/_____

I hereby certify that I have on this day examined the applicant, who signed this form in my physical presence and provided one form of identification as indicated above, who is in my opinion:

Medically fit Medically unfit to drive a Hackney Carriage or Private Hire vehicle.

Medical Practitioner's Name: (*Complete in Capitals) _____

Address: _____

Tel/Mobile: _____

I confirm I am registered with the GMC with a licence to practise

Signature of GMC registered Medical Practitioner _____ Date ___/___/___

GMC Number:

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Medical Practice
Stamp: