

## City of Wolverhampton Council/South Staffordshire Licensing Services

## Hackney Carriages and Private Hire Vehicle Driver Medical Certificate

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. **You must include the full Group 2 Medical Assessment completed with this document for clarification.**

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 45<sup>th</sup> 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 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 and they have provided me with their full medical records obtained within the last month for which I have reviewed to ascertain their medical fitness to Group 2 Standards and I declare that they meet the below:

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 \_\_\_\_ / \_\_\_\_ /2024.

GMC Reference Number

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