

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) ____/____/____

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:
(please tick appropriately)

Medically fit to drive a hackney carriage or private hire vehicle.

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

To complete this form in PDF, please ensure you have selected the Edit/Fill & Sign/Type Text option on your PDF application on your device.