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| 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)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/965900/MIS828_interactive_020321_Final.pdf) | |
| **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 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.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **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\_\_\_\_/\_\_\_\_/2022**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **GMC Number:** |  |  |  |  |  |  |  | **Medical Practice Stamp:** | | |
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