**GROUP TWO MEDICAL**

**NOTE; Please be advised that if you hold a current PCV/HGV licence (or provisional) which is noted on your DVLA licence you will not need to complete a further medical.**

**MEDICAL CERTIFICATE (TO BE COMPLETED BY A QUALIFIED DOCTOR)**

**Note for drivers – please be advised that the Licensing Section will not accept Medicals which are more than 3 months old.**

## NOTES FOR DOCTORS

## Please note that Chesterfield Borough Council require drivers to

**undertake a medical to DVLA Group 2 medical standards**

Please insert Blood Pressure Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Could this interfere with the performance of his/her duties as a driver? | YES | NO |

|  |  |  |
| --- | --- | --- |
| EPILEPSYDoes the applicant suffer from epilepsy which would interfere with the performance of his/her duties as a driver? | YES | NO |

|  |  |  |
| --- | --- | --- |
| DIABETESDoes the applicant suffer from Diabetes which would interfere with the performance of his/her duties as a driver? | YES | NO |
| Treated with Tablets (See guidance) | YES | NO |
| On Insulin Injections (see guidance) (if you have diabetes and use insulin you may hold a licence but you will need to be seeing a diabetes specialist every year and keep a record of at least twice daily blood sugar tests.)  | YES | NO |

|  |  |  |
| --- | --- | --- |
| PHYSICAL DISABILITYHas the applicant any deformity, loss of limb or physical disability which would interfere with the performance of his/her duties as a driver? | YES | NO |

|  |  |  |
| --- | --- | --- |
| HEART DISORDERS ETCDoes the applicant suffer from any heart or lung or similar disorder which could interfere with the performance of his/her duties as a driver? | YES | NO |

|  |  |  |
| --- | --- | --- |
| SIGHT AND HEARINGDoes the applicant have any defect of vision which is not rectified by spectacles/contact lenses which he/she wears which could interfere with the performance of his/her duties as a driver? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Does the applicant have any hearing defect which could interfere with the performance of his/her duties as a driver? | YES | NO |

|  |  |  |
| --- | --- | --- |
| ADDICTIONDoes the applicant show any signs of addiction to the excessive use of alcohol, drugs or solvents? (see guidance) | YES | NO |

If the answers to any of these questions is YES please give details?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CERTIFICATION**

I have examined the Applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* insert the name of the Applicant

and at the date of the application, meets the relevant DVLA Group 2 Medical Standard for vocational drivers.

Name and Address of Surgery (IN BLOCK LETTERS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Official surgery stamp/mark*** )

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