

## Group 2 DVLA Medical Standards of Fitness to Drive Declaration and Certification of Fitness to Drive

<b>Subject name</b>	
<b>Date of birth</b>	

Does the above named have any other medical condition that you are aware of, that may affect their ability to drive safely?

Yes  No

I confirm that at the time of the medical examination, and completion of this form, I had either seen this person's full medical records, or a summary of this person's medical history, including any current medication issued and any past medical history.

**Please note** – Huntingdonshire District Council will not accept a Group 2 medical which has been conducted in the absence of the either, the person's full medical history or a summary of that person's medical history.

**The D4 form must be fully completed.**

Based upon the examination findings and the information given, I am / I am not (please delete as appropriate) aware of a medical condition that precludes the named individual from holding a Group 2 licence.

I certify that the above named is (*✓as appropriate*): **FIT**  / **UNFIT**  to act as a driver of a Hackney Carriage or Private Hire Vehicle. I confirm that this certificate was completed by me and that I am currently registered with the GMC and hold a licence to practice in the UK

<b>Name of Doctor</b>	
<b>Signature</b>	
<b>GMC number</b>	
<b>Date</b>	
<b>Practice Stamp</b>	