



*Hackney Carriage and Private Hire
Licensing Service*

Medical Certificate

Driver's full name: _____

Address: _____

_____ Postcode _____

Date of Birth: ____/____/____

I 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 undertaking the examination

This is an assessment of the drivers fitness to drive to the DVLA Group 2 Standard and must be carried out in person and not remotely. The applicant must provide photographic ID. Tick to confirm ID seen at the assessment - Passport ☐ Driving Licence ☐ BRP ☐

Guidance for medical professionals is available online at:

<https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>

Blackburn with Darwen licensed drivers are required to provide a medical certificate on first application, then every five years from age 45 to 65, then annually. If you consider that the next assessment should occur earlier than this, please provide your recommendation as to the latest that the next assessment should be undertaken by: ____/____/____

I certify that I have examined the above driver in person today who produced evidence of their identity as indicated above and who is in my opinion:

Medically fit ☐ Medically unfit ☐ - to drive a Hackney Carriage or Private Hire Vehicle

Signature of registered Medical Practitioner: _____

Name of registered Medical Practitioner : _____

GMC Ref no

--	--	--	--	--	--	--

Date of assessment: _____

Address and phone number of practice / Stamp: