



GP / Doctor Declaration

Patient Name	
Patient Address	
Patient DOB	

I certify that I have examined the above-named driver and have had access to at least a summary of their medical records.

Based on the assessment undertaken today I confirm the patient:

Has **MET** the DVLA Group 2 Medical Standard

Has **NOT MET** the DVLA Group 2 Medical Standard

Name of GP / Doctor completing medical assessment	
Signature	
Date	

Doctor Stamp: