

CITY OF WOLVERHAMPTON COUNCIL
Local Government (Miscellaneous Provisions) Act 1976
Licensing of Drivers of Hackney Carriages and Private Hire Vehicles
MEDICAL CERTIFICATE

Full Name of Applicant (BLOCK CAPITALS)

Address

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) relative to my fitness to drive to group 2 standard.

Signature of Applicant

(TO BE SIGNED IN THE PRESENCE OF THE MEDICAL PRACTITIONER SIGNING THIS CERTIFICATE)

You are 'Assessing Fitness To Drive' at Group 2 Standard, a guidance for medical professionals is available online at

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

I CERTIFY that I have this day examined the applicant, who has signed this form in my presence and has their two forms of identification as indicated below who is in my opinion
FIT **UNFIT** to drive a hackney carriage or private hire vehicle.

Standard Schedule:

- **Applicants are required to produce a medical certificate when they apply for their first licence.**
- **A further certificate should be produced at age 45, 50, 55, 60 and 65.**
- **Once the age of 65 is reached a medical certificate should be produced every year.**

Date of Birth of driver..... Age of driver

The above standard schedule is recommended (tick box, if applicable)

The above standard schedule is not sufficient and I recommend

The applicant has provided one from each group of the following forms of identification, please indicate:

Group A Passport Driving Licence

Group B Utility Bill (gas, electric, telephone, water) Bank Statement

 Birth Certificate Marriage/ Civil Partnership Certificate

Signature of GMC registered Medical Practitioner..... Date.....

GMC Reference Number | _____ | _____ | _____ | _____ | _____ | _____ |

Name (BLOCK CAPITALS)

Please add address and phone number
or Medical Practice Address Stamp
No disclaimers are acceptable.