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**General Practitioner (Doctor) Declaration**

**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**](https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals)

Being a registered medical practitioner who has examined the applicant and have had access to at least a summary of their medical records, and with due regard to the advice and guidance appertaining to **Group 2 drivers issued by the DVLA**, I consider the applicant:

**HAS met** the DVLA Group 2 medical standards and is therefore fit to hold a hackney carriage / private hire driver’s licence.

**Has NOT met** DVLA Group 2 medical standards and is therefore **unfit** to hold a hackney carriage / private hire driver’s licence.

*Please tick relevant box*

I declare that the answers to all questions are true to the best of my knowledge and belief. I understand that it is an offence for the person completing this form to make a false statement or omit relevant details

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surgery Stamp**

(Please print name in block capitals)

**Certificates which are not signed and stamped will not be accepted**.

Full Name of Applicant ………………………………………………………………………………..

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…………………………………………………………………………………