This document is valid until 31 December 2024, subject to legal amendments.

2024

City of Wolverhampton Council Licensing Services

Hackney Carriages and Private Hire Vehicle Driver Medical Certificate

Full Name of Applicant (Capitals) ____

Address: ____ **Postcode**____________

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) relevant 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 DVLA 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
This medical must be completed in person and not remotely.

The applicant has provided one from each type of the following forms of identification,
Type 1: Passport ❑ Driving Licence ❑
Type 2: Utility Bill (gas, electric, telephone, water) ❑ Bank Statement ❑
Birth Certificate ❑ Marriage/Civil Partnership Certificate: ❑

Date of Birth of applicant _____/_____/______ **Age of applicant** ________

Medical certification frequency requirement

- A new certificate must be produced every 5 years after the applicant's 45th birthday.
- Once the age of 65 is reached, a medical certificate must be produced every year.

Earlier medical certification frequency requirement

The above medical certification frequency is not sufficient: ❑ (tick box **if applicable**) and I recommend that the applicant is examined no later than: (insert date) __________________

❑ I certify that I have on this day examined the applicant, who signed this form in my physical presence and showed two forms of identification as indicated above and they have provided me with their medical records for which I have reviewed to ascertain their medical fitness to Group 2 Standards and I declare that they meet the below:

Medically Fit ❑ **Medically unfit** ❑ to drive a hackney carriage or private hire vehicle.

Name of GMC registered Medical Practitioner ____________________________

Signature of GMC registered Medical Practitioner __________ **Date** ____/____/2024.

GMC Reference Number

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

Please note – this certificate is only valid for four months from the date of assessment.