

# Solihull Council Hackney Carriage & Private Hire Driver's Medical Certificate



Full Name of Applicant \_\_\_\_\_ DOB \_\_\_\_\_

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 the DVLA 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 Standards, 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 examined the applicant, who has signed this form in my presence and I declare that they are:

**Medically fit / Medically unfit** (delete as appropriate) to drive a hackney carriage/private hire vehicle.

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

### Medical certification frequency requirement

Applicants are required to produce a medical certificate **every three years** until the age of 60 when a medical certificate must be produced **every year**. If a medical certificate is required more frequently than this, please give details here:

**Signature of GMC registered Medical Practitioner**

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

**GMC Reference Number** \_\_\_\_\_

**Please add Medical Practice address & phone number or medical practice address stamp here (no disclaimers are acceptable)**

**Please see Guidance Notes Overleaf**

## **Guidance Notes**

### **Medical practitioners:**

- **If any additional information to support the certificate is required, please attach.**
- **Please ensure that the applicant signs the form in your presence and please also ensure that you view the applicant's identification.**

### **Applicants:**

- **This form must be completed by either your own GP or any other GMC registered GP**
- **This certificate must be dated no longer than one month before your application date.**
- **Solihull Council reserve the right to request medical information and to require a further assessment at any point during the licence term.**
- **You must inform us of any changes to your medical fitness within 14 days of any issue arising.**
- **If there is any doubt as to a person's medical fitness, the licence may be suspended, revoked or the renewal refused pending further investigation.**