MEDICAL HISTORY FORM



PUBLIC PROTECTION DIVISION

To: G.P.		
may undergo a n at Coventry Road Carriage / Private	Mrs/Miss/Ms nedical examination by our no d Medical Practice – Tel 0121 7 e Hire Driver's Licence Applica wing information:	743 2154) for a Hackney
Has the patient had	l:	
An Str Los Dri	y heart condition y epileptic attacks oke ss of conciousness nk problems ug related problems	Yes/No Yes/No Yes/No Yes/No Yes/No
Has the patient bee		100/110
nas ine patient bee	ii treated for.	
Me Ne	gina ntal disorder rvous disorder abetes with insulin injections	Yes/No Yes/No Yes/No Yes/No
G.P. Name (please print)		
Practice Stamp:		
Date		
N.B. There may be a charge made by the G.P. for completion of this form. No medical examination required by G.P.		