

MEDICAL CERTIFICATE

Full Name of Applicant (BLOCK CAPITALS)

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Address

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Date of Birth Day Month Year

Signature of Applicant

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(to be signed in the presence of the Medical Practitioner signing this Certificate)

SEE ATTACHED MEDICAL EXAMINATION REPORT D4 for a group 2 medical.



NOTE:

This certificate is not one which must be issued free of charge as part of the National Health Service. The Council accepts no liability to pay for any medical examinations, and any fee charged is payable direct by the applicant.

NOTE FOR MEDICAL PRACTITIONERS:

In completing this medical certificate Medical Practitioners are asked to have regard to the recommendations "For Medical Practitioners guide to the Current Medical Standards of Fitness to Drive" issued by the DVLA or to the Notes for the Guidance of Doctors conducting those examinations prepared by the British Medical Association.

I CERTIFY that I have this day examined the applicant, who has signed this form in my presence and who in my opinion is FIT*/UNFIT to drive a Taxi or Private Hire Vehicle.

Signature, etc. of Registered Medical Practitioner

Name (BLOCK LETTERS)

Address

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N.B. All references to Taxis refer to Hackney Carriages.

DATE