



## **GROUP 2 MEDICAL EXAMINATIONS**

### **For the applicant / licence holder:**

This certificate is the method by which the Licensing Authority is advised that the applicant or licence holder is medically fit to drive hackney carriage / private hire vehicles.

Applicants and licence holders must be examined and certified as being medically fit (to a Group 2 Standard) by their registered GP or another GP in the practice with which they are registered, who must have taken into account previous medical history. The Council may require a further examination or referral following this initial certification.

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 it.

If this is your first application for a hackney carriage or private hire driver's licence, please note that further medical certificates will be required at the age of 45 and then every five years. Drivers aged 65 and over must provide a medical certificate annually.

Holders of current PSV and/or HGV Licenses, where the holder is able to produce proof of current medical examination shall not be required to undergo a further medical examination.

### **For the Doctor:**

Mid Devon Council has adopted the Group 2 Medical Standards for fitness to drive hackney carriage and private hire vehicles in accordance with the DVLA and Department for Transport Best Practice Guidance. This certificate is for the confidential use of the Council.

The criteria for insulin treated diabetes is adopted in relation to hackney carriage and private hire drivers.

Group 2 Medical reports are only accepted from the applicant's own doctor, or another doctor in the same practice, taking into account an applicant's medical records.

In completing this certificate, GPs are asked to have regard to the document "Assessing Fitness to Drive" (current edition) published by the Department for Transport and available at: [www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals](http://www.gov.uk/government/publications/assessing-fitness-to-drive-a-guide-for-medical-professionals).

### **When complete, please return this form to:**

Licensing, Mid Devon District Council, Phoenix House, Phoenix Lane, Tiverton, Devon, EX16 6PP. Telephone: 01884 244617/18/19

Email: [licensing@middevon.gov.uk](mailto:licensing@middevon.gov.uk)

**GROUP 2 MEDICAL CERTIFICATE  
HACKNEY CARRIAGE / PRIVATE HIRE DRIVERS AND APPLICANTS**

**CONFIDENTIAL - TO BE COMPLETED BY MEDICAL PRACTITIONER**

DETAILS OF APPLICANT		
Surname:		Full Address:
Forename(s):		
Date of Birth:		
Telephone No:		
Date of Examination:		Post Code:

GENERAL QUESTIONS ONLY		
PLEASE REFER TO THE DOCUMENT: DRIVER AND VEHICLE LICENSING AGENCY (DVLA) ASSESSING FITNESS TO DRIVE AND COMPLETE THE CERTIFICATION IN ACCORDANCE WITH THE GROUP 2 STANDARDS		

<b>1</b>	Did you have full access to the applicant's medical records and were they taken into account when completing this examination?	YES / NO*
<b>2</b>	Do you consider that any further medical examination is necessary? If YES please give details on a separate sheet.	YES / NO*
<b>3</b>	Does the applicant have a medical condition, which is aggravated by exposure to dogs?	YES / NO*
<b>4</b>	If <b>YES</b> to Question 3, is the condition so severe that the Council should grant an exemption from carrying assistance dogs in their vehicle? <i>Please provide details of condition and any relevant medical reports on separate sheet(s).</i>	YES / NO*
<b>5</b>	Does the applicant have any of the disorders or illnesses listed in any of the chapters of the 'DVLA's Assessing Fitness to Drive' document referred to above?	YES / NO*

If **YES** to Question 5, please confirm on a separate sheet whether or not the applicant has satisfied all the qualifying conditions and tests set out in the Group 2 standard. Please include details of any consultant reports / tests or other monitoring, which you used to undertake the assessment.

DECLARATION BY MEDICAL PRACTITIONER	
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I certify that I have today examined the above named person who is registered with this practice. I am a registered Medical Practitioner who has examined the applicant / licence holder with due regard to the advice and guidance relating to Group 2 drivers set out in the 'Assessing Fitness to Drive', issued by the DVLA, and I consider that the applicant is:

**FIT / UNFIT \* to drive a Hackney Carriage and/or Private Hire Vehicle in accordance Group 2 standard (\* delete as appropriate).**

Where appropriate please provide further information on why the applicant does not meet the Group 2 standard on a separate sheet(s).

Applicants / licence holders signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medical Practitioner (BLOCK CAPITALS):	G.M.C Ref No:
Signed:	Date:

Surgery Stamp:
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