

## Medical declaration form

This form must be completed and submitted with the  
D4 DVLA Group 2 Medical Examination Report



### Applicant Details (To be completed by the Applicant)

<b>Name:</b>	<b>Surname</b>		<b>Date of Birth</b>	DD / MM / YYYY
	<b>First/Middle</b>			
<b>Address:</b>				
				<b>Postcode</b>
<b>Tel. No.</b>	<b>Home</b>		<b>Mobile</b>	
<b>Email:</b>				
<b>GP/Practice Name</b> <i>(where currently registered)</i>				
<b>GP/Practice Address</b>				
				<b>Postcode</b>
<b>GP/Practice Tel. No.</b>				

### Medical Practitioner Details (To be completed by the Doctor carrying out the examination)

<b>Name</b>				<b>Surgery Stamp</b>
<b>Address</b>				
			<b>Postcode:</b>	
<b>Tel. No.</b>				
<b>Email</b>				

In my judgement the applicant is **FIT/UNFIT** *(delete as applicable)* to act as a driver of a Hackney Carriage and/or Private Hire Vehicle in accordance with the DVLA Group 2 Medical Standard

**Signature of Medical Practitioner**

**Date**

**Data Protection Statement** We will only use your personal information gathered for the specific purposes of your form. We will not give information about you to anyone else or use information about you for any other purpose, unless the law allows us to. Further privacy information can be found on our website.

Cotswold District Council, Trinity Road, Cirencester, Gloucestershire. GL7 1PX