



## Group 2 Medical Examination Report for a Taxi and/or Private Hire Driver Licence

This medical form is based on the DVLA D4 medical examination form for a Group 2 (HCV or PHV) licence. The Medical will ordinarily last for 3yrs unless directed otherwise by a GMC registered Medical Practitioner. The medical must be completed by:

- The applicant's own general practitioner or,
- A suitably qualified medical practitioner that has been provided with a Summary Medical Record obtained by the driver from their own General Practitioner.

The Summary Medical Record shall be no more than one month old at the time that it is provided to the medical practitioner undertaking the medical. The doctor completing the medical examination should take account of the Group 2 standards contained in the DVLA's guidance document 'Assessing fitness to drive'. This is available on the DVLA's website <https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>

The examination includes a vision assessment. If the doctor is unable to fully answer the vision assessment questions the applicant must have this part of the medical completed by an optician or optometrist.

At the end of the form, the doctor will state whether or not the applicant is fit to drive a hackney carriage and/or private hire vehicle.

Information for the applicant about the medical standards to pass a Group 2 medical can be found in the DVLA's leaflet INF4D. A link to this leaflet is available on the DVLA's website <https://www.gov.uk/government/publications/d4-medical-examiner-report-for-a-lorry-or-bus-driving-licence>

Applicants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Medical Practitioner Details

(To be completed by the doctor carrying out the medical examination)

Practitioners Stamp

Name -----

Address -----

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Telephone number -----

Email address -----

### Statement by Medical Practitioner:

1. I confirm that I am the applicant's GP and have access to the applicant's medical records  yes  no

Or

2. I confirm that I am a suitably qualified medical practitioner that has been provided with a Summary Medical Record obtained by the applicant from the applicant's own GP and that the Summary Medical Record is no more than two months old at the time of this medical  yes  no

I certify that, having regard to the DVLA's guidance\*, the applicant:

**1. Meets the group 2 guideline on fitness to drive**

**2. Can be issued with a 3yr licence on this basis.**

X

\_\_\_\_\_  
GMC registered Medical Practitioner

Date \_\_\_\_\_

**2. Does not meet the group 2 guideline on fitness to drive**

X

GMC registered Medical Practitioner

Date \_\_\_\_\_

3. If you consider that a further medical examination is required before the timescales above please state in what period of time a further medical examination is necessary.  weeks  months  years

X

GMC registered Medical Practitioner

Date \_\_\_\_\_

4. Any other comments

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Date \_\_\_\_\_

\*The DVLA's guidance on assessing fitness to drive is available on their website:  
<https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>



## Authorisation and Declaration of Applicant

(To be completed by the applicant in the presence of the medical examiner)

- I give consent to the doctor(s) and specialist(s) to release reports/medical information about any conditions relevant to my fitness to drive to East Staffordshire Borough Council in conjunction with my application and during the period that a licence is in force.
- I understand that East Staffordshire Borough Council may require me to undergo further medical tests at my expense, now or at any point in the future, if a licence is granted, in order to establish my fitness to drive • I declare that I have checked the details I have given in this report and that, to the best of my knowledge and belief, they are correct.

Signature of Applicant

X

\_\_\_\_\_

Date\_\_\_\_\_