

Medical declaration form

This form must be completed and submitted with the D4 DVLA group 2 medical examination report



Forest of Dean
— DISTRICT COUNCIL —

Applicant Details (To be completed by the Applicant)

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

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

Name		Surgery Stamp	
Address			
			Postcode:
Tel. No.			
Email			

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