



Medical report for a combined hackney carriage/private hire drivers licence

THE APPLICANT

TITLE Mr/Mrs/Miss/Ms **DATE OF BIRTH**

SURNAME

FORENAME(S)

ADDRESS

CURRENT OCCUPATION

Signature of Applicant
(To be signed in the presence of a

OCCUPATIONAL PHYSICIAN ONLY

Please give the name and address of the Doctor (or Group Practice) that you have been registered with over the past 12 months

NAME

ADDRESS

THIS SECTION TO BE COMPLETED BY THE OCCUPATIONAL PHYSICIAN ONLY

Recommendation:

I certify that I have examined the applicant, who has signed this form in my presence, and in my opinion **MEETS/DOES NOT MEET** the medical requirements of fitness specified for Group 2 licences by the DVLA.

Signature

Date