## **DVLA GROUP 2 MEDICAL EXAMINATIONS**

### REQUIREMENT FOR ALL APPLICANTS WHO WISH TO BE LICENSED TO DRIVE HACKNEY CARRIAGES AND PRIVATE HIRE VEHICLES (TO INCLUDE ADDITIONALLY CONDITIONED PRIVATE HIRE VEHICLES) (SECTION 57, (2) LOCAL GOVERNMENT (MISCELLANIOUS PROVISIONS) ACT, 1976

#### To the applicant:

Please read the notes on form **INF4D** (enclosed) regarding the DVLA group 2 medical examination. You are required to complete this medical assessment as part of Warrington Borough Council's hackney carriage/private hire or additionally conditioned private hire driver's licence application process.

Your own Medical Practitioner, or another Medical Practitioner who has access to a summary of your medical records, can conduct the medical examination and complete the enclosed **D4** medical examination form.

DVLA Group 2 medical examinations are required only once between the age of 21 to 45\*.
From age 45 to 65 you are required to complete a group 2 medical examination every 5 years until the age of 65\*. From age 65 the group 2 medical examination is required every year.
\* Please note that the time scales quoted can be reduced depending on certain medical conditions and recommendations by the examining Medical Practitioner.

#### To the applicant's Medical Practitioner:

Please complete the attached Medical Certificate and DVLA "Medical Examination Report D4" in accordance with the criteria set out by the DVLA publication "For Medical Practitioners – at a Glance Guide for Current Medical Standards of Fitness To Drive" and the Medical Commission on Accident Prevention's publication "Medical Aspects of Fitness to Drive".

**IMPORTANT:** The completed DVLA "Medical Examination Report D4" should be stored with the applicant's medical records for future reference.

LT0007/1

# **Certificate of Medical Suitability to Drive in Accordance with DVLA Group 2 Standard**

Applicant's name						
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Applicant's address						
Applicant's date of birth						
Is the applicant registere	d at this medical p	ractice?	YES	NO		
I hereby certify that I hav	e today examined	the above	e named ap	plicant and c	an confirm th	nat:
examination <ul> <li>The applicant</li> <li>in accordance w</li> <li>Practitioners –</li> <li>and the Medic</li> <li>of Fitness to D</li> </ul>	s medical notes/GF is fit for employr vith the criteria at a Glance Guide cal Commission on rive" pedical reason why	ment as set out e for Curr Acciden	a Hackney by the D rent Medica t Preventio	Carriage/Pr VLA publica I Standards o n's publicatio	rivate Hire d ation "For M of Fitness To on "Medical A	lriver Medical o Drive" Aspects
Medical Practitioner's Sig	gnature					
Medical Practitioner's Na (block capitals)						
Date						
Address and Telephone N	lumber of Surgery	or		Surgery Stamp	)	