



East Cambridgeshire
District Council

Group 2 DVLA Medical Standards of Fitness to Drive Medical Examination Certificate

Patients name:	
Date of birth:	

Does the applicant have any other medical condition that you are aware of, that may affect safe driving? Yes No

At the time of the physical examination, and the completion of this medical form, I had possession of the individual's full medical records. Where answered "no" please state your reason(s) why below: Yes No

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Based upon the examination findings and the information given I am not aware of any medical condition that precludes the named individual from holding a Group 2 licence*. Yes No

I confirm that this certificate was completed by me at the physical examination, and that I am currently GMC registered and hold a licence to practise in the UK.

Name of GP conducting examination:	
Signature:	
GMC number:	
Date of examination:	
Surgery stamp:	

*Cambridgeshire LMC have been consulted on the wording in this form. All practitioners should have regard for the DVLA's publication to assist in providing information as per Group 2 standards. See <https://www.gov.uk/government/collections/assessing-fitness-to-drive-guide-for-medical-professionals>.