



East Cambridgeshire  
District Council

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

<b>Patients name:</b>	
<b>Address:</b>	
<b>Date of birth:</b>	

<b>Surgery name:</b>	
<b>Surgery email:</b>	
<b>Name of GP conducting examination:</b>	
<b>Date of examination:</b>	
<b>Surgery official stamp:</b>	

I declare that the person named above  **meets** \* /  **does not meet** \* the standard required to pass a Group II medical, and hereby declare them medically  **fit** \* /  **unfit** \* to drive a licensed hackney carriage or private hire vehicle.

\* Delete as appropriate.

**Signed:**

**Date:**