GROUP TWO MEDICAL

NOTE; Please be advised that if you hold a current PCV/HGV licence (or provisional) which is noted on your DVLA licence you will not need to complete a further medical.

MEDICAL CERTIFICATE (TO BE COMPLETED BY A QUALIFIED DOCTOR)

Note for drivers – please be advised that the Licensing Section will not accept Medicals which are more than 3 months old.

NOTES FOR DOCTORS

Please note that Chesterfield Borough Council require drivers to undertake a medical to DVLA Group 2 medical standards

Please insert Blood Pressure Reading: _____

Could this interfere with the performance of his/her duties as a driver?	YES	NO

EPILEPSY Does the applicant suffer from epilepsy which would interfere with the performance of his/her duties as a driver?	YES	NO

DIABETES Does the applicant suffer from Diabetes which would interfere with the performance of his/her duties as a driver?	YES	NO
Treated with Tablets (See guidance)	YES	NO
On Insulin Injections (see guidance**)** (if you have diabetes and use insulin you may hold a licence but you will need to be seeing a diabetes specialist every year and keep a record of at least twice daily blood sugar tests.)	YES	NO

PHYSICAL DISABILITY Has the applicant any deformity, loss of limb or physical disability which would interfere with the performance of his/her duties as a driver?	YES	NO

HEART DISORDERS ETC Does the applicant suffer from any heart or lung or similar disorder which could interfere with the performance of his/her duties as a driver?	YES	NO

SIGHT AND HEARING Does the applicant have any defect of vision which is not rectified by spectacles/contact lenses which he/she wears which could interfere with the performance of his/her duties as a driver?	YES	NO

Does the applicant have any hearing defect which could interfere with the performance of his/her duties as a driver?	YES	NO

ADDICTION Does the applicant show any signs of addiction to the excessive use of alcohol, drugs or solvents? (see guidance)	YES	NO

If the answers to any of these questions is YES please give details?

_____

_____

CERTIFICATION

I have examined the Applicant, _____
* insert the name of the Applicant

and at the date of the application, meets the relevant DVLA Group 2 Medical Standard for vocational drivers.

Name and Address of Surgery (IN BLOCK LETTERS)

_____

_____

_____

Signature _____

Date _____

Official surgery stamp/mark)
)