South 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, or a contemporaneous summary of the individual's medical history.

Yes □

Please note - South Cambridgeshire District Council will not accept any medical conducted in the absence of the full or contemporaneous summary details of the individual's medical history. **The D4 must be fully completed**.

Based upon the examination findings and the information given, **I am / I am not** (please delete as appropriate) aware of a medical condition that precludes the named individual from holding a Group 2 licence*.

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