



# Blackpool Council

BUILDING A BETTER COMMUNITY FOR ALL

**CONFIDENTIAL**

**GROUP 2 MEDICAL RESULT ASSOCIATED WITH APPLICATIONS FOR A LICENCE TO DRIVE A HACKNEY CARRIAGE OR PRIVATE HIRE VEHICLE**

**Applicant Details:**

<b>Title: *</b>	Mr	Mrs	Miss	Ms	<b>Forename (s)</b>					
<b>Surname</b>					<b>Date of Birth</b>					
<b>Home address</b>										
					<b>Post Code</b>					

**NOTES:**

1. Medicals must be conducted to DVLA Group 2 Standards (with effect from 01/09/2010)
2. Group 2 Medical booklets are available from most Post Offices and the DVLA direct, <http://www.dft.gov.uk/dvla/forms/onlineforms.aspx>
3. This certificate is for the confidential use of the Licensing Service. Medical Practitioners are asked to return it directly to the address overleaf. All fees charged are payable by the applicant to the Medical Practitioner.
4. No intimate medical details are forwarded to the Licensing Service. Only this form, completed overleaf, is required by the Licensing Service.

To: THE PRINCIPAL SOLICITOR (LICENSING)  
LICENSING SERVICE, BLACKPOOL COUNCIL  
MUNICIPAL BUILDINGS, PO BOX 4  
BLACKPOOL  
FY1 1NA



I certify that I have this day examined

<b>Name of applicant</b>	
--------------------------	--

<b>Date of birth</b>			
----------------------	--	--	--

According to Group 2 Medical Standards I consider the applicant (tick as appropriate) :

<b>Fit</b>	
<b>Unfit</b>	

To act as the driver of a Hackney Carriage or Private Hire Vehicle.

The applicant (tick as appropriate) :

<b>Does</b>	
<b>Does Not</b>	

have any medical condition which would prevent loading a wheelchair bound passenger.

Qualified and Registered Medical Practitioner:		(Please complete both boxes)
<b>Signature</b>		
<b>Name</b> (BLOCK CAPITALS)		

Authorised Surgery Stamp:

--

<b>Date</b>			
-------------	--	--	--

**PLEASE RETURN DIRECTLY TO THE LICENSING SERVICE**

**MUST NOT BE HANDED TO THE PATIENT. DO NOT FORWARD CONFIDENTIAL MEDICAL INFORMATION TO THE LICENSING SERVICE.**