



## 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**  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>