

Medical Confirmation

This document is to be completed by the drivers own Doctor or, where a driver has been unable to obtain a Group 2 Medical Assessment from their own GP surgery, by a Medical Practitioner.

If being carried out by a medical practitioner, the driver must first obtain their 'medical summary' from their own GP surgery and ensure that this is taken to the medical assessment appointment, along with photographic identification.

Please ensure that the entirety of the Group 2 Medical Report form is fully completed.

EXAMINING DOCTOR'S / MEDICAL PRACTITIONER DECLARATION

To be completed by the Doctor or Medical Practitioner carrying out the examination:

Name:	SURGERY STAMP or MEDICAL COMPANY DETAILS
GMC Ref No:	
Address:	
Telephone:	
Email address:	

I certify that I have today examined _____ (name of driver).

I, as a registered Doctor who has examined the driver with due regard to the advice and guidance appertaining to **Group 2** drivers set out in the 'Assessing fitness to drive – a guide for medical professionals' available at: www.gov.uk/dvla/fitnesstodrive (please tick to confirm)

or

I, as the Medical Practitioner, confirm that I have had sight of and taken due regard to the driver's 'medical summary' which was provided by their registered GP surgery (please tick to confirm)

I confirm that I have checked the driver's photographic ID (please tick to confirm)

I consider that the applicant **MEETS / DOES NOT MEET*** the Group 2 criteria

*Please delete whichever is inapplicable

Signature of Doctor or Medical Practitioner	Date