



**Self Declaration Medical For Driver of a Combined Driver Licence**

**APPLICANT -**

<b>Forename(s):</b>			<b>Surname:</b>	
<b>First line of Home Address and Postcode:</b>				
<b>Telephone</b>	<b>Home:</b>		<b>Mobile:</b>	
<b>Date of Birth:</b>			<b>Age:</b>	
<b>Name of GP:</b>				
<b>First line of Practice Address and Postcode:</b>				
<b>GP Telephone number:</b>			<b>Time registered with GP:</b>	
If less than 1 year please provide details of previous doctors..... .....				

**HEALTH / MEDICAL CONDITION/S –**

Licensing Conditions require that drivers of hackney carriages & private hire vehicles meet the Group 2 Medical standards as prescribed by the DVLA. Group 2 Standards are higher than those required for ordinary drivers.

<b>Date of last medical provided to BCKLWN :</b>	
<b>Details of any health related or medical Conditions since the date of the last medical provided above.</b>  <b>Please include the date/s, length of condition/s, and any medication/s or treatment/s you have had or that are current.</b>   Continue on separate sheet over if necessary	

I certify to the best of my knowledge and belief, the information supplied by me on this form is accurate, and understand that the personal information collected on this form will be used by the Borough Council of King's Lynn and West Norfolk to determine my continued suitability to hold a combined driver's licence.

I understand also that the information provided on this form is subject to the provisions of the General Data Protection Regulations (Regulation (EC) 2016/679 which is in force in the UK from 25 May 2018) (GDPR).

<b>Applicant's signature:</b>		<b>Date:</b>	
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