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| Picture of CDC Logo  | FORM: T14Case Reference Number:(office use only)  |
| **LICENSING AUTHORITY**Chichester District Council, East Pallant House, East Pallant, Chichester, West Sussex, PO19 1TY |
| Declaration by Medical Practitioner to support application for a Hackney Carriage/Private Hire Driver’s Licence |

**To be read by both the applicant and Medical Practitioner**

The purpose of the medical examination is to obtain the opinion of the applicant’s Medical Practitioner regarding the applicant’s ability to perform their duties as the Licensed Driver of a Hackney Carriage or Private Hire Vehicle.

The Medical Practitioner must consider and have regard to the latest edition of the DVLA publication ***'At A Glance Guide for Current Medical Standards of Fitness to Drive'*** ([Current Medical Guidance for Professional Drivers](https://www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals)), as Chichester District Council’s application requirement is that the applicant satisfies the Group 2 Standard outlined in it.

The completed Medical Examination Report (Form D4) will assist the Medical Practitioner in terms of determining the applicant’s physical and mental fitness to drive a Hackney Carriage or Private Hire Vehicle.

When making the examination it should be borne in mind that the working hours of licensed drivers are not and cannot be restricted: They may work at all hours and in all conditions transporting members of the public, also being required to give reasonable physical assistance with luggage.

Drivers are expected to be civil at all times, so the applicant’s temperament must be taken into account when considering their fitness for professional driving duties.

**Medical Practitioner: Please ensure that the Part A declaration overleaf is fully completed as part of the medical examination.**

**Applicant: Please ensure that the Part B declaration overleaf is fully completed.**

# PART A – MEDICAL PRACTITIONER TO COMPLETE

**I**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****print*** *name of the Medical Practitioner undertaking examination and completing D4 Form)*

**confirm that** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****print*** *applicant name)* **is registered with** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****print*** *medical practice name)* **as a patient, and I have access to their medical records.**

Having referred to and considered the requirements specified in the latest edition of the DVLA publication *'At A Glance Guide for Current Medical Standards of Fitness to Drive' (*[Current Medical Guidance for Professional Drivers](https://www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals))

**I confirm that** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****print*** *applicant name)* **does / does not** *(delete as appropriate)* meet the current criteria for a Group 2 Vocational Driver's Licence, and therefore **is fit / is not fit** *(delete as appropriate)* to act as the Licensed Driver of a Hackney Carriage or Private Hire Vehicle.

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| If the applicant **does not** satisfy the Group 2 criteria, please provide details: |

Signature of Medical Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Endorsing stamp of Medical Practice |

# PART B – APPLICANT TO COMPLETE

**I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****print*** *applicant name)* **authorise my Doctor(s) and Specialist(s) to release reports to Chichester District Council and/or their Medical Advisor(s) about my medical condition(s).**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_