



CHELTENHAM BOROUGH COUNCIL
 MUNICIPAL OFFICES
 PROMENADE
 CHELTENHAM
 GLOUCESTERSHIRE GL50 9SA

CHELTENHAM
 BOROUGH COUNCIL

Tel: 01242 264135
 Email: licensing@cheltenham.gov.uk

**MEDICAL DECLARATION
 FORM**

1. Your Details (To Be Completed by The Applicant)

Title: _____

Forename(s) in full: _____

Surname: _____

Address: _____

Post Code: _____

Tel. No: _____

Email Address: _____

Date of Birth: _____

2. GP Practice Details

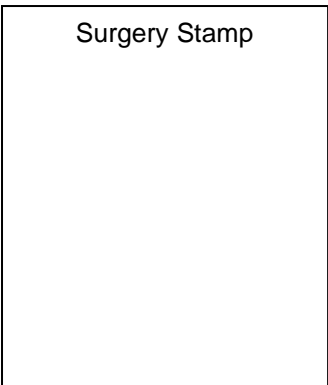
GP Practice Name: _____

GP Practice Address: _____

Post Code: _____

GP Practice Tel. No: _____

3. Medical Practitioner Details (To Be Completed by Doctor Carrying Out Examination)



Name: _____

Address: _____

Post Code: _____

Tel. No: _____

Email: _____

In my judgement, the applicant is FIT / UNFIT (*delete as applicable*) to act as a driver of a Hackney Carriage and / or Private Hire Vehicle in accordance with the DVLA Group 2 Medical Standard

Signature of Medical Practitioner _____

Date: _____