

**General Practitioner (Doctor) Declaration**

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| **I CERTIFY THAT:** I am the named applicant’s General Practitioner with full access to the applicant’s NHS records at the time of examination |
| **I CERTIFY THAT**: I have reviewed all the applicant’s medical history and have today examined the named applicant, and I consider that the applicant:  **Has MET** the DVLA Group 2 Medical Standard and is therefore **FIT** to act a licensed driver with Oldham Council.  **Has NOT MET** the DVLA Group 2 Medical Standard and is therefore **UNFIT** to act as a licensed driver with Oldham Council. |
| **I declare that** the answers to all questions are true to the best of my knowledge and belief. I understand that it is an offence for the person completing this form to make a false statement or omit relevant details. |
| **Name:** |
| **Signature: Date:** |
| **Doctor Stamp:** |