

**General Practitioner (Doctor) Declaration**

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| PATIENT DETAILS | |
| NAME: |  |
| ADDRESS: |  |
| DATE OF BIRTH: |  |

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| **I CERTIFY THAT:** I am a 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  **Has NOT MET** the DVLA Group 2 Medical Standard |
| **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:** |