

# GP / Doctor Declaration

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| **Patient Name** |  |
| **Patient Address** |  |
| **Patient DOB** |  |

I certify that I have examined the above-named driver and have had access to at least a summary of their medical records.

Based on the assessment undertaken today I confirm the patient:

**Has MET** the DVLA Group 2 Medical Standard

**Has NOT MET** the DVLA Group 2 Medical Standard

|  |  |
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| **Name of GP / Doctor completing medical assessment** |  |
| **Signature** |  |
| **Date** |  |

**Doctor Stamp:**