



FOR OFFICE USE ONLY
Licence No:
Uniform Ref:
Issued Date:
Expiry Date:
Date Received:

Updated 01.04.2020

## PRIVATE HIRE/HACKNEY CARRIAGE DRIVER MEDICAL FITNESS SELF DECLARATION

This form is a **temporary medical declaration** in lieu of an eventual Group 2 medical report, due to the current Covid-19 situation.

This completed form is to be returned **by email only** to [licensing.team@threerivers.gov.uk](mailto:licensing.team@threerivers.gov.uk)

1. Drivers personal details	
Surname:	
Forename(s):	
Date of birth:	
Home address:	
Mobile No:	
Email Address:	

2. Full name and address of GP (or medical practice)	
Name:	
Address:	
Telephone No:	
Email:	

3. Medical declaration by licensee named above
<p><b>I hereby make this declaration:</b></p> <ol style="list-style-type: none"><li>1. In order to satisfy the Council that I am medically 'fit and proper' to hold a private hire and/or Hackney Carriage driver licence.</li><li>2. In the full understanding and knowledge that if this declaration is found to be untrue and/or materially dishonest then any licence granted in part due to this declaration will be suspended or revoked with immediate effect in order to protect the safety of the travelling public at large. I understand that it is an offence to make a false statement in this form or to omit relevant details.</li><li>3. In the knowledge that should the Council elect to take proceedings against me for any discovered dishonest declaration, then this declaration will be used against me as evidence that I can no longer be regarded as 'fit and proper' to retain the licence.</li></ol>

**I confirm that I am not aware of:**

- Any recent issues with my vision, illness, health conditions, disability or any other physical or mental impairment which could impair my ability to drive or that anything has changed within my medical history since the last medical which I submitted to the Council for licensing purposes.

**I understand that** should Three Rivers District Council Licensing Team have any legitimate concerns about my medical fitness to drive, they may suspend my licence pending medical investigations; and

**I confirm that** I will not unreasonably withhold my consent to any such medical investigation and that failure to provide consent may result in my licence being suspended until such time as a satisfactory Group 2 medical report is obtained.

**I understand that I must obtain and submit a full Group 2 medical report and any required supporting documents regarding my health as soon as reasonably possible to the Three Rivers District Council Licensing Team.**

**Name:**

**Date:**