Licensing Department
North Norfolk District Council
Council Offices
Holt Road
Cromer, NR27 9EN
Tel: 01263 516189
Email: licensing@north-norfolk.gov.uk



Self Declaration Medical for Driver of a Combined Driver Licence

APPLICANT:

Forename(s):			Surname:				
First line of home address and postcode:							
Telephone	Home:		Mobile:				
Date of Birth:			Age:				
Name of GP:							
First line of Practice Address and Postcode:							
GP Telephone number:			Time registered with GP:				
If less than 1 year please provide details of previous doctors:							
HEALTH / MEDICAL CONDITIONS							
Licensing Conditions require that drivers of hackney carriages & private hire vehicles meet the Group 2							

Medical standards as prescribed by the DVLA. Group 2 Standards are higher than those required for ordinary drivers.

Date of last medical provided to NNDC:	
Details of any health related or medical conditions since the date of the last medical provided above.	
Please include the dates, length of conditions, and any medications or treatments you have had or that are current.	
Continue on next page if necessary	

Medical conditions continued						
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I certify to the best of my knowledge and belief, the information supplied by me on this form is accurate, and understand that the personal information collected on this form will be used by the North Norfolk District Council to determine my continued suitability to hold a combined driver's licence.						
I understand also that the information provided on this form is subject to the provisions of the General Data Protection Regulations (Regulation (EC) 2016/679 which is in force in the UK from 25 May 2018) (GDPR).						
Applicant's signature:		Date:				