#

# MEDICAL DECLARATION

## I (full name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Of (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge Number\_C\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(tick applicable)***

[ ] I confirm there have been no changes to my health since the issue of my previous DVLA Group 2 standard medical certificate dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I confirm I have the following medical conditions since the issue of my previous medical certificate dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(please provide details below below)**

|  |
| --- |
| I have the following medical conditions: |
|  |

I make this declaration believing the same to be correct and true and understand that if any information contained therein is incorrect, or any information is omitted, any licence held by me may be suspended or revoked. Furthermore, this may also affect my fitness to hold a licence should a future application be made.

### Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_