

FALKIRK COUNCIL: GROUP 2 VEHICLE MEDICAL CLEARANCE

1. EMPLOYEE DETAILS (to be completed by employee)	
Name:	Service:
	Work Location:
Address:	Employee No:
	Date of Birth:
Type of Vehicle to be driven on Falkirk Council business:	
LGV <input type="checkbox"/>	PSV <input type="checkbox"/>
Details of any driving medical incident(s)	
2. MEDICAL EXAMINATION BY EMPLOYEES GENERAL PRACTITIONER (to be completed by GP)	
The employee has health issues or undergoing treatment that may affect fitness to drive: YES/ NO (including any medication that may affect the ability to drive)	
If yes, is this a temporary or permanent condition? (if temporary, please specify time period)	TEMPORARY/PERMANENT
GP Signature:	Date:
GP Name:	
4. DECLARATION (to be completed by employee after medical)	
<ul style="list-style-type: none"> The details provided to my GP are accurate and I understand that it is an offence under the Road Traffic Act knowingly to make a false statement in order to drive a vehicle; I will notify my line manager immediately of any change in driving status (health/vision/convictions/medication) which may have an impact on my ability to drive; I understand that all information provided will be treated in confidence; I have received and read a copy of the Driver's Code of Conduct - Drivers of Council Vehicles; I have attached a copy of my Driving Licence. 	
Employee Signature:	Date:

**5. APPROVAL TO DRIVE
(to be completed by line manager)**

I confirm that I have checked the above employee's Medical return and satisfied that this employee is fit to continue driving duties.

Manager Signature:

Designation:

Print Name:

Date:

