

# Medical Exemption Application Form



## 1. DRIVER DETAILS

FULL NAME OF DRIVER:

ADDRESS:

CONTACT TELEPHONE NUMBER:

DATE OF BIRTH:

DRIVER LICENCE NUMBER:

EXPIRY DATE:

## 2. EXEMPTION REQUEST (✓ as appropriate):

I AM REQUESTING THAT CAMBRIDGE CITY COUNCIL CONSIDER GRANTING ME AN EXEMPTION FROM THE FOLLOWING:

CARRYING WHEELCHAIR USERS

CARRYING ASSISTANCE DOGS

## 3. DOCTOR DETAILS

NAME OF GP:

ADDRESS:

CONTACT TELEPHONE NUMBER:

## 4. BRIEF DETAIL OF REASONS/ CIRCUMSTANCES WHY THE REQUEST FOR MEDICAL EXEMPTION IS BEING MADE

## Declarations

I have read and understood Cambridge City Council's Medical Exemption Policy and I understand the process in applying for a medical exemption.

1. I enclose a valid GP certificate to accompany my application.
2. I understand that if, after consideration, my application for exemption is granted I will be issued with a Temporary Exemption notice for a maximum period of up to three months.
3. I confirm that upon expiry of the Temporary Exemption Notice I will return the notice to the Licensing & Enforcement Team within 7 days. I understand that if the Temporary Exemption Notice is not returned, my driver licence could be suspended until such time as the Notice is returned or a further doctor's note is received.
4. I acknowledge that if I expect that the Temporary Exemption Notice is to be extended, I will be referred on to one of the medical practitioners approved by the Council and I will be required to obtain an in depth medical report from my own GP to support the Statement of Fitness regarding my capability to undertake the duties in terms of my medical fitness and/ or physical condition.
5. I understand that the purpose of consultation with the approved medical practitioner will be to determine whether a further exemption should be granted, and for how long.
6. I understand that if during any part of the process, any doctor's note or statement of fitness recommends that the application for exemption is refused or if it is ambiguous in any way, the matter will be referred to the Licensing Sub-Committee for consideration.
7. I understand that all fees associated with this application are to be paid by myself.

The personal information that you give us will also be used in a confidential manner to help us monitor our processes.

We may also use the information if there is a complaint or legal challenge relevant to this process. We may check the information collected.

We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data, in accordance with our registration with the Data Protection Commissioner.

**Signed:** \_\_\_\_\_ **Dated:**     /     /

**FOR OFFICE USE ONLY**

**DATE MEDICAL EXEMPTION APPLICATION RECEIVED:**

**Section B**

**EXEMPTION AGREED**

**EXEMPTION DECLINED**

**Section C**

**If exemption declined, give reasons and details of any further action taken:**

**Signed:** \_\_\_\_\_ **Dated:** / /

**Section D**

**Date Temporary Exemption Notice Issued:**

**Date of Expiry:**

**Entered on to M3:**

**By:**