



St. Helens  
Council

**Statement of Fitness Form**

**Section 1: Driver Details**

Full Name:

Address (inc. postcode):

Telephone Number:

Date of Birth:

**Section 2: Findings**

The above named patient attended for assessment today regarding exemption from (please tick as appropriate):

Carrying Wheelchair Users

Carrying Assistance Dogs

After completing the medical assessment my findings are (please tick as appropriate):

The patient is fit for work

OR

The patient is fit for work with reasonable adjustments  
(please specify)

.....  
.....  
.....  
.....

OR

The patient is permanently unfit to carry:

Passengers in wheelchairs

Assistance Dogs

(please tick as appropriate)

For a period of ..... weeks/months (delete as appropriate)

**Section 3: Review**

I recommend that a medical review takes place (tick as appropriate):

Yes

No

The review should take place in ..... weeks/months (*delete as appropriate*)

**OFFICE USE ONLY**

Date Received (date stamp):

1. Exemption Agreed
  
2. Exemption Declined

If exemption declined, please give full reasons below or note any further action to be taken:

Signed:

Date:

Print Signature:

Date Exemption Notice issued:

Issued by:

Date of Expiry:

Date Returned:

Received by:

