



HCD/PHD 123

**EQUALITY ACT 2010
MEDICAL EXEMPTION CERTIFICATE**

SOUTHAMPTON CITY COUNCIL in pursuance of **Section 166/Section 169/Section 171** of the Equality Act 2010



HEREBY EXEMPTS **DRIVER NAME**
of: **DRIVER ADDRESS**

From **CARRYING PASSENGERS IN WHEELCHAIRS/CARRYING ASSISTANCE DOGS**



until **DATE**

Dated this **DATE**



Licensing Manager
for and on behalf of
Southampton City Council

DRIVER NAME
DRIVER ADDRESS



PHOTO OF DRIVER

