



Reference: DAPP00937785

Date: 23 September 2025

Mr Jordan Serrato
Flat 187
Sullivan Court
Broomhouse Lane
London
SW6 3DN

Transport for London
Taxi and Private Hire
PO Box 7632
Bilston
WV14 4DN
tfl.gov.uk

Dear Mr Serrato,

Application for a London Private Hire Driver's Licence

Thank you for your application. Further to my colleagues's request for information, we have undertaken a further assessment of your application and we have identified issues with the Medical Declaration (TPH/204) you submitted in support of your application.

When determining the medical fitness of applicants and licensed drivers, we must ensure that they meet the DVLA group 2 medical standards of fitness. The criteria for which are outlined in the DVLA 'At a glance Guide to the Current Medical Standards of Fitness to Drive'.

You will need to address the following issues that have been identified:

Musculoskeletal Condition

We require further clarification of the details originally submitted by your GP regarding your musculoskeletal condition.

Your GP states that you have had a right anterior inferior iliac spine avulsion fracture and a unicortical fracture of the left scaphoid. Please ask your GP to provide the following on the enclosed musculoskeletal form:

1. Details of severity of conditions and current functional mobility
2. Are the conditions progressive
3. Are the conditions affecting/limiting power on limbs
4. What is the likely prognosis
5. Confirm if conditions are limiting/restricting your range of movements
6. Provide details of current treatment plan
7. Confirm if current medication is likely to cause side effects, which may interfere with driving
8. Provide copies of all relevant Specialist reports available

You are advised, depending on the information you submit, you may be required to undergo



a disabled drivers' assessment, should this be deemed necessary by our Occupational Physician and this may be requested at a later date.

We cannot accept liability for any fee incurred in the supply of further information.

Please provide all of the required information within 28 days from the date of this letter. **You can do so by emailing the information to: drivers@tph.tfl.gov.uk or provide scanned photocopies by post, to the address at the top of this letter.**

Please quote your reference number, found at the top of this letter, in all future correspondence. If you are sending the information by email, please quote the reference number in the subject field of your email. Any delays in providing a satisfactory response will have a significant impact on the overall processing time of your application and may result in your application being withdrawn.

You are reminded that you **must not** carry out any duties as a driver until you have been granted a licence. If you do carry out any duties, you will be doing so **illegally** and are liable for prosecution.

Yours sincerely,

Umar Rahman

TfL Licensing CSR

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Additional Medical Information Form - Right Anterior Inferior Iliac Spine Avulsion Fracture and Unicortical Fracture of the Left Scaphoid

Escalations Team

Reference: DAPP00937785

Name: Mr Jordan Serrato

- Please provide below details of severity of conditions and current functional mobility: *(continue on a separate sheet if required)*

- Are the condition progressive?

YES () NO ()

- Are conditions affecting/limiting power on limbs?

YES () NO ()

- What is the likely prognosis? *(continue on a separate sheet if required)*

- Is the condition is limiting/restricting your range of movements?

YES () NO ()

- Please provide below details of current treatment plan: *(continue on a separate sheet if required)*

- Are any current medication is likely to cause side effects, which may interfere with driving?

YES () NO ()

- Please attach to this sheet copies of all relevant Specialist reports available

Further Details

Surgery Stamp

Completed by:

Print Name:

Signature:

Position:

Date: