

(FORM B)

[See Section 7(3) and Section (2) of the Motor Vehicle Ord.1965]

NATIONAL IDENTITY CARD NUMBER

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Form of Medical(certificate in respect of application for a license to drive any transport vehicle or to drive any vehicle as paid employee or otherwise)

TO BE FILLED UP BY THE REGISTERED MEDICAL PRACTITIONER

1. What is the applicant's apparent age?
2. Is the applicant to the best of your judgement Subject to epilepsy, vertigo, chronic ill-health Likely to affect his efficiency? _____

3.Does the applicant suffer from any heart or Lung disorder which might interfere with the Performance of his duties as a driver? _____

4.(a) Is the any defect of vision. if so, has it been corrected by suitable spectacle? _____

(b)Does the applicant suffer from a degree of deafness which would prevent his hearing of ordinary sound signals? _____

5.Does the applicant have any deformity or loss of members, which interfere, with the efficient Performance of his duties as a driver? _____

6.Does he show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs? _____

7.Do you suffer from color blindness or night blindness? _____

8.Is he/she in your opinion generally fit as regards (a)Bodily in health, and (b) eyesight? _____

9.Marks of identifications _____

10.Blood Group _____

I certify that to the best of my knowledge and belief the applicant.....
.....is the person here as above described and that the attached photograph is a reasonably correct likeness.

Signature.....

Name.....

R.M.O No.....

Doctor's National Identity Card No.

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Date.....

