

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 there 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.....

SPACE OF
PHOTOGRAPH