

# FORM MEDICAL CERTIFICATE

FORM-1

[SEE RULE 5, 7, 10, (a) & (b)]

*Medical certificate in respect of an application for obtaining a learner's license, driving licenses or renewal of a driving licence.*

## PART-1

**(TO BE FILLED BY THE APPLICANT)**

1. Name of the applicant: \_\_\_\_\_.
2. Son/Wife/Daughter of: \_\_\_\_\_.
3. Permanent address : \_\_\_\_\_.
4. Temporary address : \_\_\_\_\_.
- Official address (if any): \_\_\_\_\_.
5. Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_.
6. Identification mark :- (1.) \_\_\_\_\_  
(2.) \_\_\_\_\_

**PHOTOGRAPH**  
**5cm X 6cm.**

Declaration as to physical fitness to be given by the applicant.

- |  |         |
|--|---------|
| a) Do you suffer from epilepsy or from any cause?  | Yes/No. |
| b) Are you able to distinguish with each eye at a distance of 25 Meters in good day light with glassless if worn?  | Yes/No. |
| c) Have you lost either hand or foot or are you suffering from any defect in movement control or muscular power of either arm or leg ?                     | Yes/No. |
| d) Can you readily distinguish the pigmentary colour red & green?  | Yes/No. |
| e) Do you suffer from night blindness?   | Yes/No. |
| f) Are you so deaf as to be unable to hear (if the applicant is for? Driving a light motor vehicle with or without hearing aid) the Ordinary sound single? | Yes/No. |
| g) Do you suffer from any other disease of likely to cause your Driving of a motor vehicle to be source of danger to the public If so given details?       | Yes/No. |

**I here by declare that to the best of my knowledge and belief the particulars given above and the declaration made here in are true.**

**Signature of Applicant**

**Note:-** An applicant who answer yes to any of the question a,c,e,f,&g or No to either of the question b & d Should amplify his answer with full particulars and may be required to give further information Elating there to.

## PART -II

(To be filed by registered medical practitioner appointed for purpose by the state government or Person authorized in this behalf by the state Government referred to under (subsection [3] or section or section [8])

1. Name of the applicant: \_\_\_\_\_.
2. Son/Wife/Daughter of: \_\_\_\_\_.
3. Permanent address : \_\_\_\_\_.
4. Temporary address : \_\_\_\_\_.
5. Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_.
6. Identification mark :- (1.) \_\_\_\_\_  
(2.) \_\_\_\_\_.

7. a) If the applicant to the best of your judgement subject to epilepsy vertigo or any mental Aiment liky to effect this driving effncy. Yes/No.
- b) Dose the applicant suffer from any heart or suns disorder which might interfere with the Performance of his dunes as a driver. Yes/No.
- c) Is there any defect of vision? If so has it been corrected by suitable spctable. Yes/No.
- d) Can the applicant readily distinguish the pigmentary colour red any green. Yes/No.
- e) Dose the applicant suffer from a degree of dearness which would prevent his hearing the Ordinary sound signal? Yes/No.
- f) Does the applicant suffer form night blindness? Yes/No.
- g) Has the applicant any deformity or loss of member which would interfere with the efficient Performance of his duties as a driver? If so give vounreosons details? Yes/No.
- h) Does the show any evidence of being addicted to excessive use of alcohol tobacco or drugs ? Yes/No.
- i) Is he able to distingue with each eye at a distance of 25 meter in good by fight a motor car number plate. Yes/No.
- j) Is he suffering from any defect in movement control or muscular power of either arm or limp? Yes/no
- k) What is the height of the applicant? Do you consider that this height will be disadvantageous for him to have a clear vision of the road while driving ? Yes/No.
- l) Is he a mentally ill person? Yes/No.
- m) Does be suffer any other disease or dimity likly to cades his driving of motor vehicle a Source of danger the public? Yes/No.
- n) Is the opinion denimty tit as regards Yes/No.
- i.) Bodily health
  - ii.) Eye sight
  - iii.) Mental ability
  - iv.) Hearing ability
  - v.) Blood group of the applicant
  - vi.) RH Factor of the applicant

I have examined the applicant , I am of the opinion that he is not fit to held a driving Licence for the following reasons :-

**Signature:** - \_\_\_\_\_

Name & designation of the  
Medical Officer

Date: - \_\_\_/\_\_\_/\_\_\_\_\_.

**I certify that I have personally examined the applicant**

I also certify that while examining the applicant. I have directed special affection to there distance vision & hearing ability the condition of the arms legs 7 joints of both extremities of the candidate & he is medically fit to hulk a driving licence.

**Signature:-** \_\_\_\_\_.

Name & designation of the medical

Date:- \_\_\_/\_\_\_/\_\_\_\_\_.

Officer:- \_\_\_\_\_.