

MEDICAL CERTIFICATE

For issuance / renewal / revision of driving license of the category : A B C D E

(photograph &
signatures by
the Medical
Practitioner)

This is to certify that Mr./Ms. _____
born at _____ on _____
holder of identity document _____ no. _____
issued by _____ on _____
height m. _____ weight kg. _____

Does not show symptoms of dependance from alcohol or any other drugs or psychotropic substances or that somehow may influence the psycho-physical condition of the subject.

He/She does not present any anomalies in his/her body structure and development and does not show any physical or mental illnesses, organic deficiencies, anatomical and/or functional disabilities that could affect the safety in driving those vehicles for which the license is given.

Eyesight	Right eye		Left eye
	With the naked eye	_____	_____
At corrected refraction	_____	_____	
Level of refraction	_____	_____	
colour sense _____	visual field _____	stereoscopic sense _____	
binocular vision _____	vision at night _____		

He/She can perceive the voice at the level of normal conversation with / without hearing aids from one side / from both sides
on the right ear at a distance of mts. _____ on the left ear at a distance of mts. _____

reaction time to simple stimuli

luminous stimuli	speed _____	regularity _____
acoustic stimuli	speed _____	regularity _____

Therefore he/she is considered fit / unfit for the issuance / renewal / revision of the driving license of the category

Observations explaining the reasons, if unfit : _____

- compulsory use of glasses or lenses while driving
- compulsory use of hearing aids while driving

enclosures _____

issued on _____



name, designation & signatures of the Medical Practitioner
