FORM C

MEDICAL FITNESS CERTIFICATE

(See Section 7 (8) and Section 12 of the Motor Vehicle Act, 1989)
Form of Medical Certificate in respect of an applicant for license
to drive any transport vehicle or drive as a paid employee

(To be filled up by a registered medical practitioner)

N.I.C. No. | | | | | | - | | | | | | | | - | |

1. What is the applicant's age? _____

2. Is the applicant, to the best of our judgement, subject to epilepsy vertigo or any mental ailment likely to affect his efficiency? _____

3. Does the applicant suffer from any heart or long disorder which might interero 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 spectacles?
(b) Can the applicant readily distinguish the pigmentary colours red and green? _____
(c) Does the applicant suffer from night blindness? _____
(d) Does the applicant suffer from 8 degree of deafness which would prevent his hearing the ordinary sound signals? _____

5. Has the applicant any deformity or losses members which would interface with the efficient performance of his duties as a driver? _____

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

7. Is he in your opinion generally fit as regards
(a) bodily health, and (b) eyesight _____

8. Marks of identification _____

PHOTOGRAPH

I certify that to the best of my knowledge and belief the applicant _____

is the person here on above described, and the attached photograph is a reasonably correct likeness

Signature _____ Name _____

Designation _____ Date _____