

FORM B

[SECTION 7(3) AND SECTION 12(2)]

FORM OF MEDICAL CERTIFICATE IN RESPECT OF AN APPLICANT FOR A LICENCE TO DRIVE ANY TRANSPORT VEHICLE OR TO DRIVE ANY VEHICLE AS A PAID EMPLOYEE (To be filled up by a Registered Medical Practitioner)

NATIONAL IDENTITY CARD NUMBER

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1. What is the applicant's apparent age? _____
2. Is the applicant subject to epilepsy, vertigo or any mental ailment 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 visions ? If so, has it been corrected by suitable spectacles? _____
(b) Can the applicant readily distinguish the pigmentary colors red and green? _____
(c) Does the applicant suffer from night blindness? _____
(d) Does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals? _____
5. Has the applicant any deformity or loss of members which would 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. Is he generally fit as regards (a) bodily health, and (b) eye sight? _____
8. Marks of identification _____

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

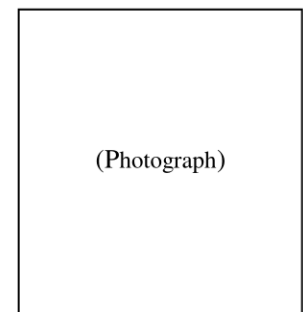
Signature _____

Name _____

Designation _____

R.M.P No. _____

Date: _____



Applicant Thumb Impression _____

Note— Special attention should be directed to distant vision and to the condition of the arms and hands and the joints of both extremities.