Medical Certificate Form for BRTA Driving Licence

Instructions:

- Please fill in each box with one character and leave an empty box after each word.
 Only use CAPITAL letters in English.
- 2. To be filled up by a registered medical practitioner.

35mm X 45mm
Borderless Colour Photo

GLUE

Affix applicant's photo
with a dab of glue
in the box

	Applicant Details
1.	What is the applicant's apparent age?
2.	Is there any defect of vision?
	Yes No
3.	If so, has it been corrected by suitable spectacles?
	Yes No
4.	Can the applicants readily distinguish the pigmentary colors red and green?
	Yes No
5.	Does the applicant suffer from night blindness?
	Yes No
6.	Does the applicant suffer from a degree of deafness which wound prevent his hearing the ordinary sound signals?
	Yes No
	Has the applicant any deformity or loss of members which would interfere with
	the efficient performance of his duties as a driver?
0	Yes No
Ο.	Does he show any evidence of being addicted to the excessive use of alcohol or drugs?
q	Yes No Is he, in your opinion, generally fit as regards (a) bodily health, and (b) eyesight?
٥.	Yes No
10.	Marks of Identification
	I certify that to the best of my knowledge and belief the applicant
-	is the person herein above described and
	that the attached photograph is a reasonably correct likeness.
11.	Medical Practitioner's Name
12.	Medical Practitioner's Designation 13. Registration No.
14.	Medical Practitioner's Signature: 15. Date
	DAY MONTH YEAR
	DAI WUNTE YEAR