Medical Certificate Form for BRTA Driving Licence

Instructions:
1. 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

7. Has the applicant any deformity or loss of members which would interfere with the efficient performance of his duties as a driver?

☐ Yes ☐ No

8. Does he show any evidence of being addicted to the excessive use of alcohol or drugs?

☐ Yes ☐ No

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

☐ Yes ☐ No

10. Marks of Identification

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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

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12. Medical Practitioner's Designation

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13. Registration No.

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14. Medical Practitioner's Signature:

15. Date

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DAY MONTH YEAR