

FORM 1A
Medical Certificate
[See Rules 5(1),(3),7,10(a),14(d) and 18(d)]

[To be filled in by a registered medical practitioner appointed for the purpose by the state Government or person authorised in this behalf by the State Government referred to under Sub-Section (3) of section 8]

1. Name of the Applicant:

Identification Marks: 1. _____
2. _____

- (a) Does the applicant to the best of your judgement suffer from any defect of vision Yes No
2. If,so,has it been corrected by suitable spectacle?
- (b) Can the applicant to the best of your judgement readily distinguish the pigmentary colours, red and green? Yes No
- (c) In your opinion, is he able to distinguish with his eyesight at a distance of 25 metres in good day light a motor car number plate. Yes No
- (d) In your opinion does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals? Yes No
- (e) In your opinion does the applicant suffer from night blindness? Yes No
- (f) Has the applicant any defect or deformity or loss of memory which would interfere with the efficient performance of his duties as a driver? If so, give your reasons in detail. Yes No

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- (g) **Optional**
- (a) Blood group of the applicant
(If the applicant so desires that the information be noted in his Driving Licence)
- (b) Rh factor of the applicant
(If the applicant so desires that the information be noted in his Driving Licence)

Declaration made by the applicant in Form-I as to his physical fitness is attached

Certificate of Medical Fitness

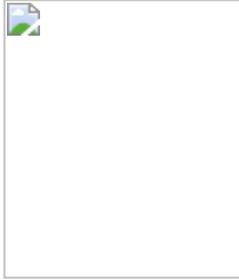
I Certify that:

- i. I have personally examined the applicant Shri/Smt/Kum _____.
- ii. That while examining the applicant I have directed special attention to his/her distant vision;
- iii. While examining the applicant, I have directed special attention to his/her hearing ability the condition of the arms, legs, hands and joints of both extremities of the applicant; and
- iv. I have personally examined the applicant for reaction time, side vision and glare recovery, (applicable in case of persons applying for a Licence to drive goods carriage carrying goods of dangerous or hazardous nature to human life).

And therefore, I certify that, to the best of my Judgement, he is medically fit/not fit to hold a driving Licence.

The applicant is not medically fit to hold a Licence for the folowing reasons:

Signature:



1.

**Name, designation and
Reg. No. of
Medical Officer/Practitioner
(seal)**

**Signature / thumb impression
of the candidate**

Note:- The Medical Officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate.