FORM – IA Medical Certificate

(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	Name of the Applicant:					
2.	Son/V	Son/Wife/Daughter of:					
3.	Perma	Permanent Address:					
4.	Tempo	Temporary Address:					
5.	Date	of Birth :					
6.	Identi	Identification Marks : 1					
	2						
7.							
	a.	Is the applicant to the best of your judgement subject to epilepsy, vertigo or any mental ailment likely to effect his driving efficiency? <i>Yes/No</i>					
	b.	Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver? <i>Yes/No</i>					
	c.	Is there any defect of vision? If so, has it been corrected by suitable spectacle? Yes/No					
	d.	Can the applicant readily distinguish the pigmentary colours Red and Green? Yes/No					
	e.	Does the applicant suffer from a degree of deafness which prevent his hearing the ordinary sound signal? <i>Yes/No</i>					
	f.	Does the applicant suffer from night blindness? Yes/No					
	g.	Has the applicant any deformity or loss of member which would interfere with the efficient performance. If so, give your reasons in details? <i>Yes/No</i>					
	 h. Does he show any evidence or being addicted to excessive use of alcohol, tobal drug? Yes/No						
	Does he suffer from attacks or loss of consciousness from any cause? Yes/No						
	j. Is he able to distinguish with each eye at a distance of 25 metres in good day plate? Yes/No						
	k.	Is he suffering from any defect in movement control or muscular power of either arm or limb? Yes/No					
	l.	What is the height of the applicant? Do you consider that his height will be disadvantageous or him to have a clear vision of the road while driving? Yes/No					
	m.	Is he a mentally ill person? Yes/No					
	n.	Does he suffer from any other disease or disability likely to cause his driving a motor					
		vehicle a source of danger to the public? Yes/No					

(i) Bodies health (ii) Eye sight		o. Is he in your opinion generally fit as regards:				
(iii) Mental ability and			(i)	Bodies health		
(iv) Hearing ability			(ii)	Eye sight		
p. Blood Group of the applicant: q. RH factor of the applicant. I have examined the applicant. I am on the opinion that he is not fit to hold driving license on the following reasons: Signature Name & Designation of the Medical Officer I Certify that I have personally examined the applicant. I also certify that while examining the applicant I have directed special attention to the distance visic and hearing ability, the condition of the arms, legs, hands and joints of both extremities of the candidate are he is medically fit to hold a driving license. Signature (S E A L) Signature over the photograph in such a mann that part of his signature is upon the photograph and part on the Certificate. (2) Particulars of the Gazette where the Medical Officer's appointment I notified wit reference to sub-section (3) of section 8 of the Motor Vehicle Act, 1988 and the seri			(iii)	Mental ability and		
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Signature	followi		ns:-	•		
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