



**Road Transport and Safety Agency**

Section 62 of Part V of the Road Traffic Act. No. of 2002

**Application for (Instructors, Provisional, Public Service Vehicle Driving) License**

**MEDICAL CERTIFICATE**

I certify that I.....  
Of (address) ..... (Qualifications).....  
have today personally examined .....  
of (address) .....  
an applicant for a licence to **drive motor vehicles/ teach drivers\***, with the results noted below. I further certify that I have explained the contents of the subjoined "Declaration by Applicant" to the applicant and that his signature/thumb mark thereto has been affixed in my presence.

- (a) Apparent age .....
- (b) Vision without glasses                      R.....                      L .....
- With glasses (if worn)                      R.....                      L .....
- (c) Colour perception:
  - (1) State whether normal by ishihara pseudo-isochromatic plate test.
  - (2) If not, test for signal red, signal green and amber by a suitable lantern.
    - 1.....
    - 2 .....
- (d) Hearing .....
- (e) Limbs (state whether unrestricted use of all limbs or otherwise) .....
- .....
- (f) Is he free from suspicions of being intemperate or addicted to drugs? .....
- (g) General health (state whether reactions normal, and whether free of any disease, temporary or otherwise, which would induce faintness or undue fatigue when driving long distances)  
.....  
.....

As a result of my examination I am/am not\* satisfied that the applicant is a medically fit person to drive a public service vehicle.

Date .....

Registered Medical Practitioner..... Signature .....

**NOTE.-A registered medical practitioner may alter the certificate to meet special circumstances.  
\* delete what is not applicable**

**DECLARATION BY APPLICANT**

I declare that I do not suffer from epilepsy, that I have not been subject to fits, and that my physique, vision, hearing and bodily and mental fitness are such as to warrant the issue to me of a public service vehicle driving license.

I further declare that the answers to the questions put to me by the Medical Practitioner are true and complete, and I understand that if any statement made by me is to my knowledge false or in any material respect misleading, I am liable to a fine not exceeding seven hundred and fifty penalty units in the case of a first offence and to a fine not exceeding one thousand five hundred penalty units in the case of a second or subsequent offence.

Date ..... Signature/Thumb mark of Applicant

**Signature/Thumb mark of Applicant**