

FORM 'C'

[See Section 7 (3) and Section 12]

From of Medical Certificate in respect of an applicant for a License to drive any transport Vehicle or to drive any Vehicle as paid Employee.

To be filled up by a Registered Medical Practitioner.

1	What is the applicant's apparent age?	
2	Is the applicant, to the best of your judgment subject to epilepsy, vertigo to any mental ailment likely to effect his efficiency?	
3	Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver?	
4	a) Is there any defect of vision? If so, has it been corrected by suitable spectacles?	
	b) Does the applicant suffer from night blindness or colour blinds?	
	c) Does the applicant suffer from a degree of deafness which would prevent his hearing before ordinary sound signals?	
5	Has the applicant any deformity or loss of members which would interfere with the efficient performance of his duties as a driver?	
6	Does he show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?	
7	Is he, in your opinion, generally fit as regards a) Bodily heath, and b) eye-sight?	
8	Marks of identification?	

I certify that Mr. _____ S/ W/D/o _____ to the best of my knowledge and belief the applicant is the person herein above described and at the attached photographs is reasonably correct likeness.

Signature	
Name	
Designation	

Note: Special attention should be direct to distant vision and to the condition of the arm and hands and the joints of both extremities.