

FORM 1A

[See rules 5(1), (3), 7, 10(a), 14(d) and 18(d)]

MEDICAL CERTIFICATE

Space for
passport size
photograph

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

- 1. Name of applicant
- 2. Identification Marks

(1)
(2)

- 3. (a) Does the applicant, to the best of your judgment, suffer from any defect of vision? If so, has it been corrected by suitable spectacles.

<input type="checkbox"/>	<input type="checkbox"/>
Yes/No	

- (b) Can the applicant, to the best of your judgment, readily distinguish the pigmentary colours, red and green?

<input type="checkbox"/>	<input type="checkbox"/>
Yes/No	

- (c) In your opinion, is he able to distinguish with his eyesight at a distance of 25 meters in good day light a motor car number plate?

<input type="checkbox"/>	<input type="checkbox"/>
Yes/No	

- (d) In your opinion, does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals?

<input type="checkbox"/>	<input type="checkbox"/>
Yes/No	

- (e) In your opinion, does the applicant suffer from night blindness?

<input type="checkbox"/>	<input type="checkbox"/>
Yes/No	

- (f) Has the applicant any defect or deformity or loss of member which would interfere with the efficient performance of his duties as a driver? If so, give reasons in details.

<input type="checkbox"/>	<input type="checkbox"/>
Yes/No	

Optional

- (g) (a) Blood group of the applicant (if the applicant so desires that the information ,may be noted in his driving license).

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(b) RH factor of the applicant (if the applicant so desires that the information , may be noted in his driving license).

Declaration made by the applicant in Form 1 as to his physical fitness is attached.

Certificate of Medical Fitness

I certify that –

- (i) I have personally examined the applicant Shri/ Smt./ Kumari
- (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 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 license to drive goods carriage carrying goods of dangerous or hazardous nature to human life)

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

The applicant is not medically fit to hold a license for the following reasons: -

Signature

1. Name and designation of the Medical Officer/Practitioner

(seal)

2. Registration number of Medical Officer