Medical Certificate Form for BRTA Driving Licence

Instructions:
1. Please fill in each box with one character and leave an empty box after each word.
   Only use CAPITAL letters in English.
2. **To be filled up by a registered medical practitioner.**

35mm X 45mm
Borderless Colour Photo

GLUE

Affix applicant's photo
with a dab of glue
in the box

Applicant Details

1. What is the applicant's apparent age?
   2 7
2. Is there any defect of vision?
   ☐ Yes ☑ No
3. If so, has it been corrected by suitable spectacles?
   ☐ Yes ☑ No
4. Can the applicants readily distinguish the pigmentary colors red and green?
   ☑ Yes ☐ No
5. Does the applicant suffer from night blindness?
   ☐ Yes ☑ No
6. Does the applicant suffer from a degree of deafness which wound prevent his hearing the ordinary sound signals?
   ☐ Yes ☑ No
7. Has the applicant any deformity or loss of members which would interfere with the efficient performance of his duties as a driver?
   ☐ Yes ☑ No
8. Does he show any evidence of being addicted to the excessive use of alcohol or drugs?
   ☐ Yes ☑ No
9. Is he, in your opinion, generally fit as regards (a) bodily health, and (b) eyesight?
   ☑ Yes ☐ No
10. Marks of Identification

I certify that to the best of my knowledge and belief the applicant Abdur Rahman ..... *is the person herein above described and that the attached photograph is a reasonably correct likeness.*

11. Medical Practitioner's Name
12. Medical Practitioner's Designation
13. Registration No.
14. Medical Practitioner's Signature:
15. Date

DAY MONTH YEAR