

FORM 1-A
Medical Certificate

[See Rules 5, 7, 10 (a), 14 (d) and 18 (d)]

[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 of the applicant :
2. Identification marks : (1)
(2)
- (a) Does the applicant to the best of your judgment suffer from any defect of vision. If so, has it been corrected by suitable spectacle? Yes/No
- (b) Can the applicant to the best of your judgment readily distinguish the pigmentary colours, red and green? Yes/No
- (c) In your opinion, is he able to distinguish with his eyesight at a distance of 25 metres in good day light a motor car number plate. Yes/No
- (d) In your opinion does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals? Yes/No
- (e) In your opinion does the applicant suffer from night blindness? 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 your reasons in detail. Yes/No
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Optional

- (a) Blood Group of the applicant (if the applicant so desires that the information may be noted in his driving licence).
- (b) RH factor of the applicant (.if the applicant so desires that the information may be noted in his driving licence).
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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/Kum.....:.....
- (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 the 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 licence 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/she is medically fit/not fit to hold a driving licence.

The applicant is not medically fit to hold a licence for the following reasons:—

Space for passport size Photograph of the applicant

Signature:

1. Name and designation of the Medical Officer/Practitioner
2. Registration number of Medical Officer

Date :

Signature or thumb impression of the candidate

Note: The Medical Officer shall affix his/her signature over the photograph affixed in Form 1A in such a manner that part of his signature is upon the photograph and part on the certificate.