FORM 1A MEDICAL CERTIFICATE

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

(To be Filled in by a registered medical practitioner appointed for the purpose by the State Govt or person authorised in this behalf by the State Govt referred to under Sub-Section(3) of Sec.(8).

1) Name of the Applicant	
2) Identification Marks	1) 2)

3) a) Does the applicant to the best of your judgement 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 judgement readily distinguish the pigmentary colours, red and green ?	Yes / No
c) In your opinion is he/she also to distinguish with his eye sight at a distance of 25 meters in a good day light a motor car number ?	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/her duties as a driver ? If so give your reason in detail.	Yes / No

g) **Optical :**

a) Blood group of the applicant (if the applicant 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)

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

I Certify that I have personally examined the applicant.....
Also certify that while examining the applicant I have directed special attention to the distant vision and hearing ability & the condition of the arms, legs, hands and joints of both extremities of the candidate and to the best of my judgement he/she is medically fit to hold a driving licence.

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

.....

Signature

Passport size Photo of the Applicant

1. Name and Designation of the Medical Officer / Practitioner

2. Registration No. Of the Medical Officer

Date:..... ★ Signature or thumb impression of the Candidate

Note : The Medical Officer shall affix his signature over the photograph affixed in such a manner that part of his Signature is upon the Photograph and part on the certificate.