

FORM – IA
Medical Certificate

(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. Son/Wife/Daughter of :
3. Permanent Address :
.....
4. Temporary Address :
.....
5. Date of Birth :
6. Identification Marks : 1
2
7.
 - a. Is the applicant to the best of your judgement subject to epilepsy, vertigo or any mental ailment likely to effect his driving efficiency? **Yes/No.....**
 - b. Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver? **Yes/No.....**
 - c. Is there any defect of vision? If so, has it been corrected by suitable spectacle? **Yes/No**
 - d. Can the applicant readily distinguish the pigmentary colours Red and Green? **Yes/No.....**
 - e. Does the applicant suffer from a degree of deafness which prevent his hearing the ordinary sound signal? **Yes/No.....**
 - f. Does the applicant suffer from night blindness? **Yes/No.....**
 - g. Has the applicant any deformity or loss of member which would interfere with the efficient performance. If so, give your reasons in details ? **Yes/No.....**
 - h. Does he show any evidence or being addicted to excessive use of alcohol, tobacco or drug? **Yes/No.....**
 - i. Does he suffer from attacks or loss of consciousness from any cause? **Yes/No.....**
 - j. Is he able to distinguish with each eye at a distance of 25 metres in good daylight a motor plate ? **Yes/No.....**
 - k. Is he suffering from any defect in movement control or muscular power of either arm or limb? **Yes/No.....**
 - l. What is the height of the applicant? Do you consider that his height will be disadvantageous or him to have a clear vision of the road while driving? **Yes/No.....**
 - m. Is he a mentally ill person? **Yes/No.....**
 - n. Does he suffer from any other disease or disability likely to cause his driving a motor vehicle a source of danger to the public? **Yes/No.....**

- o. Is he in your opinion generally fit as regards :
 - (i) Bodies health
 - (ii) Eye sight
 - (iii) Mental ability and
 - (iv) Hearing ability.....
- p. Blood Group of the applicant :
- q. RH factor of the applicant.....

I have examined the applicant. I am on the opinion that he is not fit to hold driving license on the following reasons:-

.....

Signature

Name & Designation of the Medical Officer

.....

.....

Dated

I Certify that I have personally examined the applicant.....

I also certify that while examining the applicant I have directed special attention to the distance vision and hearing ability, the condition of the arms, legs, hands and joints of both extremities of the candidate and he is medically fit to hold a driving license.

Signature.....

(S E A L)

Signature of the Candidate.....

Note(1) The medical Officer shall affix his signature over the photograph in such a manner that part of his signature is upon the photograph and part on the Certificate.

(2) Particulars of the Gazette where the Medical Officer's appointment I notified with reference to sub-section (3) of section 8 of the Motor Vehicle Act, 1988 and the serial number in the List where his name appears.