## FORM B

## MEDICAL FITNESS CERTIFICATE

(See Section 7 (8) and Section 12 of the Motor Vehicle Act, 1989) Form of Medical Certificate in respect of an applicant for license to drive any transport vehicle or drive as a paid employee

(To be filled up by a registered medical practitioner)

C.N.I.C.						-								-		
1. What is the applicant's age?																
2. Is the applicant, to the best of your judgment, subject to epilepsy vertigo or any mental ailment likely to affect his efficiency?																
	3. Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver?															
4.(a) Is there any defect of vision?  If so, has it been corrected by suitable spectacles?  (b) Can the applicant readily distinguish the pigmentary colours red and green?  (c) Does the applicant suffer from night blindness?  (d) Does the applicant suffer from 8 degree of deafness which would prevent his hearing the ordinary sound signals?																<u> </u>
5. Has the applicant any deformity or losses members which would interfere with the efficient performance of his duties as a driver?																
6. Does he show any evidence of being addicted to the excessive use of an alcohol, tobacco, or drugs?																
7. Is he in your opinion generally fit as regards (a) bodily health, and (b) eyesight																
8. Marks of identification																
PHOTOGRA	АРН		In addition to the above questionnaire I certify that to the best of my knowledge and belief the applicant  is the person here on above described, and the attached photograph is a reasonably correct likeness													
Signature Name																
Designation						Date										
Medical Licence N	lo					_										