

**FORM 1-A\***  
**MEDICAL CERTIFICATE**  
[See Rule 5(1), 3(), 7, 10(a), 14(d) and 18(d)]

Space for  
passport size  
photograph (To  
be affixed by  
Medical Officer)

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 spectacles?  
Yes/No.
- (b) Can be applicant to the best of your judgement, readily distinguish the pigmentary colours, red and green?  
Yes/No.
- (c) In your opinion, is he able to distinguish with his eye sight 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 details  
Yes/No.
- (g) \_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL**

Blood Group and RH factor of the applicant (if the applicant so desires that the information may be noted in his driving licence)

(a) Blood Group \_\_\_\_\_ (b) RH factor \_\_\_\_\_

Declaration made by the applicant in Form-I as to his physical fitness is attached.

*P.T.O.*

## 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.
- (ii) While examining the applicant I have directed special attention to his/her hearing ability, the condition of the arms, legs, hands and joint of both extremities of the applicants ;
- &
- (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 judgement, 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 :

\_\_\_\_\_  
*\* Strike out whichever is inapplicable.*

Signature

1. Name and designation of the Medical  
Officer/Practitioner

(Seal)

2. Registration Number of Medical  
Officer .....

Date : \_\_\_\_\_

Signature of thumbs impression of the candidate

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

\* This certificate is not required if the application is for licence to drive private (non-transport) vehicles except, if the applicant had any physical disability which may cause danger to the public or if the holder of licence is beyond 40 years of age on the date of application for renewal.

**Rs.10-00/-**

Please pay the cost of this form at the concerned RTO.

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