

THE FIRST SCHEDULE-FORM B  
FORM B

20

(See section 4 (2), Section 7 (3) and Section 15)

FORM OF MEDICAL CERTIFICATE IN RESPECT OF AN APPLICANT  
FOR A LICENCE TO DRIVE ANY TRANSPORT VEHICLE OR TO  
DRIVE ANY VEHICLE AS A PAID EMPLOYEE

(To be filled up by a registered medical practitioner)

1. What is the applicant's apparent age? \_\_\_\_\_
2. Is the applicant subject to epilepsy, vertigo or any mental ailment likely to affect his efficient? \_\_\_\_\_
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 visions? 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 a degree of deafness which would prevent his hearing the ordinary sound signals? \_\_\_\_\_
5. Has the applicant any deformity or loss of members which would interfere with the efficient performance of the duties as a driver? \_\_\_\_\_
6. Does he show any evidence of being addioted to the excessive use of alcohol, tobacco or drugs? \_\_\_\_\_
7. Is he generally fit as regards (a) bodily health, and (b) eyesight? \_\_\_\_\_
8. Marks of identification. \_\_\_\_\_

I certify that to the best of my knowledge and belief the applicant \_\_\_\_\_  
\_\_\_\_\_ is the person herein above described and that the  
attached photograph is a reasonably correct likeness of the applicant.

(Space for photograph)

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_

Note— Special attention should be directed to distant vision and to the condition of the arms and hands and the joints of both extremities.