

THE ROAD TRAFFIC ACT, 2018

THE ROAD TRAFFIC REGULATIONS, 2022

MEDICAL CERTIFICATE (LEARNER’S PERMIT)

NOTICE TO MEDICAL EXAMINERS: It is to be observed that in case of doubt as regards applicants, the interest of the public should have precedence over the interest of the applicant.

Name in full, residential address of applicant and date of birth.....

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- 1. Height.....cm Weight.....kg
2. Eyesight: Right eye: Left eye: Without glasses..... Without glasses..... With glasses..... With glasses.....

(Note: The applicant with or without glasses must be able to read 6/12 with both eyes tested together, and 6/12 in one eye and at least 6/60 in the other eye.)

- 3. Colour vision.....
4. Hearing: a) Is hearing defective? b) If so, is it to a degree inconsistent with safety?.....

For your convenience, the following is a list of the more common medical conditions that might impair drivers.

- Alcohol Dependence Visual Field Impairment
Drug Dependence Diabetes or Hypoglycemia - Uncontrolled
Seizure(s)-Cerebral Other metabolic diseases (specify)
Mental or Emotional Illness-Unstable Seizure(s)-Alcohol related
Dementia or Alzheimer's Heart disease with Pre-syncope/Syncope/Arrhythmia
Sleep Apnea-Uncontrolled Blackout or Loss of consciousness or Awareness
Narcolepsy-Uncontrolled Stroke/TIA or head injury with significant deficits
Motor Function/Ability Impaired Both Visual Acuity and Visual Field Impairment
Visual Acuity Impairment Other (specify):

NOTE: The diseases and disabilities which render a person ineligible to be issued with a driver’s licence include –

- 1. epilepsy;
2. insanity;
3. defective vision to a degree corresponding to a standard of vision of less than 6/12 with glasses;
4. aneurysm;
5. angina pectoris; and
6. Diseases of the nervous system giving rise to muscular incoordination.

Optional

Provide further elaboration of clinical condition(s) (if necessary) or attach as a separate report: including results medical investigation(s) which may pose risk to road safety.

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Date of examination: _____ How long has this person been your patient? _____

The patient is fit to drive a motor vehicle.

The patient can only safely drive a motor vehicle if he satisfies the following conditions:

1. _____
2. _____
3. _____
4. _____

Patient is aware of this report. Patient's Signature: _____

Tel: _____

Family Physician Specialist _____ Other _____

PHYSICIAN'S FULL NAME: _____ **Date:** _____

Physician's Signature: _____ **Physician's Reg. #** _____

NB. Medical Report should not be older than three months at presentation to the Authority