



Form MC 2

ROAD TRAFFIC ACT, 2018

THE ROAD TRAFFIC REGULATIONS, 2022

MEDICAL CERTIFICATE

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, residence of applicant and date of birth .....

1. Height ..... cm Weight.....kg

2. Eyesight:

Right eye: Without glasses ..... Left eye: Without glasses ..... With glasses ..... With glasses .....

(Note: The applicant with or without glasses must be able to read 6/6 with each eye separately, but the result in each case must be noted.)

3. Colour vision .....

4. Hearing: .....

(a) Is hearing defective? .....

(b) If so, is it to a degree inconsistent with safety? .....

5. Is there any disease of the respiratory system? .....

6. Any disease of the central nervous system? .....

7. Any evidence of alcoholism? .....

8. Is the applicant suffering from any disease or condition of the cardiovascular system which renders him unfit or unsafe to drive a motor vehicle? .....

9. Has the applicant to your knowledge ever fainted or been subject to fits of any kind? .....

10. Urine Test ..... Insulin ..... Albumen .....

11. Is the applicant free from all physical defect and disease?.....

12. Are there any circumstances connected with the physical or mental state of the applicant, which in your opinion disqualify him from being granted a driver's licence?

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 vision of less than 6/12 with glasses
4. Aneurysm
5. Angina pectoris; and diseases of the nervous system giving rise to muscular incoordination.

[ ] The patient is fit to drive a motor vehicle.

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

Conditions: .....

Physician's Full Name:.....Date ...../...../.....
YYYY MM DD

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

N.B. This certificate should not be older than three months at presentation to the Authority
NOTE: The applicant who makes a false statement commits an offence.