

Medical Certificate (Driving license)

Registration Number

Part 1 To be filled by applicant

Name (Mr./Mrs./Miss)

Residential address with postal code

.....

Identification number ----,

I do apply for medical certificate with my health history as follows

- 1. My personal specific disease No Yes (please specify).....
- 2. Accident or Surgery No Yes (please specify).....
- 3. Hospital Admission No Yes (please specify).....
- *4. Seizure No Yes (please specify).....
- 5. Other relevant

Signature.....

Date.....(D/M/Y)

**Seizure: treatment history produced by doctor in charge must be accompanied to certify that no attack experienced within 1 (one) year.*

Part 2 To be filled by doctor

(1) Place of examination (Hospital / Clinic) with postal code

.....

I'm, Dr.

medical practice license No.....

Residential address with postal code

.....

I had examined(Mr./Mrs./Miss).....on date.....month.....year.....

and revealed as follows bodyweight.....kgs. Height.....cms. Blood pressure.....mmHg, pulse rate...../min

General Physical Condition Normal Abnormal (please specify)

I, hereby, certify that the above person is capable to work, no mental disability or mental retardation nor showing of any symptom of drug addiction nor chronic alcoholism and no sign and symptom of the followings:

- (1) Leprosy at contagious or symptomatic stage
- (2) Contagious stage of Tuberculosis
- (3) Symptomatic Elephantiasis
- (4) Others

(2) Physician Conclusion / Advice.....

.....

Signature.....M.D.

Date.....(D/M/Y)

N.B. (1) This form must be certified only by licensed medical practitioner
 (2) Must conclude fitness of applicant.
 (3) This certificate is valid within 1 month from the day of application.
 (4) This medical certification applies only for provisional diagnosis and covers only application for driving license and vehicle operators.