

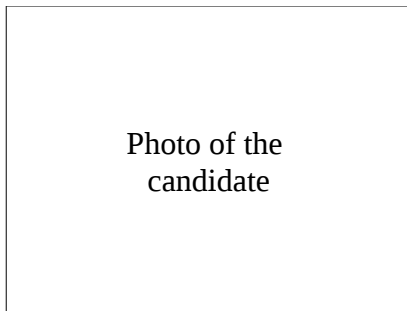
**FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL FITNESS FOR THE
POST OF DRIVER**

(To be filled up by a Medical Officer not below the rank of an Assistant Surgeon)

1. What is the applicant's apparent age? :
2. Is the applicant to the best of your judgment, subject to epilepsy, :
vertigo or any mental ailment likely to affect his efficiency?
3. Does the applicant suffer from any heart or lungs disorder which :
might interfere with the performance of his duties as a Driver?
4. Does the applicant suffer from any degree of deafness, which :
would prevent his hearing the ordinary sound signals? Is his
hearing perfect?
5. Has the applicant any deformity or loss of finger, which would :
interfere with the efficient performance of his duties as a driver?
6. State of Muscles and Joints (No paralysis and all joints with free :
movements)
7. State of Nervous System (Perfectly normal and free from any :
infectious diseases)
8. Does he show any evidence of being addicted to the extensive :
use of alcohol, tobacco or drinks?
9. Marks of Identification :

He is physically fit for the post of I certify to the best of my
knowledge and belief that the applicant Shri.
(Name & Address) is the person herein above described and that the attached photograph has a
reasonably correct likeness.

(The signature of the Medical officer shall be affixed on the photograph.)



Signature :

Name
Designation &
Official Address

Place:

Date:

(office seal)

FORM OF MEDICAL CERTIFICATE REGARDING VISION FOR THE POST OF DRIVER

(To be filled up by an Ophthalmologist in Government Service)

- 1. Is there any defect of vision? :
If so, has it been corrected by suitable spectacles so that the distant vision is 6/6 snellen and near vision is 0.5 snellen.
- 2. Can the applicant readily distinguish the pigmentary :
colours red and green?
- 3. Does the applicant suffer from any night blindness? :

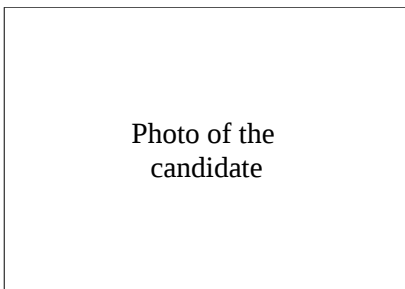
I have this day medically examined Shri and found that he has no defect of vision which would render him unsuitable for the post of Driver and his standards of vision are as follows.

Standards of Vision
(Eye sight without glasses)

	Right Eye	Left Eye
1. Distant Visionsnellensnellen
2. Near Visionsnellensnellen
3. Field of vision	
(specify whether full or not, Entry 'Normal', 'Good' etc. will be		inappropriate here)
4. Colour blindness		
5. Squint		
6. Any morbid conditions of the eyes or lids of either eye.		

His standards of vision are fit for the post of Driver

I certify to the best of my knowledge and belief that the applicant Shri .. (Name & Address) is the person herein above described and that the attached photograph has a reasonably correct likeness (The signature of the Ophthalmologist shall be affixed on the photograph leaving the face clear.)



Signature :
Name
Designation &
Official Address

Place:
Date: (office seal)

Note:- Details regarding standards of vision should be clearly stated in the certificate, as given above and vague statements such as vision Normal etc. will not be accepted. Specification for each eye should be stated separately. Special attention should be directed to the distant vision.

Required standard of vision are as follows.

	Right Eye	Left Eye
(a) Distant vision	6/6 snellen	6/6 snellen
(b) Near vision	0.5 snellen	0.5 snellen
(c) Each eye must have full field of vision		