

MEDICAL REPORT



Name: _____

Date of Birth: _____

Address: _____

History Of:

	<u>Yes</u>	<u>No</u>
Angina/recent Myocardiac Infarc/Heart problems	[]	[]
Diabetes Mellitus (Insulin/Non Insulin Dependent)	[]	[]
Giddiness/Faints	[]	[]
Epilepsy	[]	[]
Cerebovascule Accident or TIA's _____		
Drugs (If yes please list below)	[]	[]

Decreased Mental Function _____

Examination

Pulse/Rate Regularity _____

Blood Pressure _____

Vision - without glasses: _____

- with glasses: _____

Visual Fields: _____

Hearing: _____

-Assessment of NECK mobility: _____

-Locomotion Disability: _____

-Mental State: _____

-Reaction Time: _____

Vision: Visual Acuity of at least 6/10 (ability to read 3 1/2 "(9 cm) letters at 25 yards (23 m) is required to drive.

Adequate field of vision (more than 120 degrees) is essential to drive.

Monocular vision does not disqualify a person from driving provided that the Field of vision in the runaway eye is fine.

Please comment on any unfavourable features discovered on examination or history that you consider of importance to assessing the risk relative to the physical/ mental health, mobility, reflexes, sight and hearing.

Do you consider the applicant fit to drive. (If no explain):

I certify that I have made a thorough physical examination of the applicant, and the answers given are a true record of the examination.

Medical doctor's Signature

Date of Examination

Medical Doctor's Name

Doctor's Address (Stamp)