



Government of Orissa
Health & Family Welfare Department

Form-1-A

Application Form for Medical Certificate

[See Rules 5 (1) , (3) , 7 , 10 (a) ,14 (d) and 18(d)]

[To be filled in by a registered medical practitioner appointed for the purpose by the State Government or person authorized in this behalf by the State Government referred to under Sub-Section (3) of Section (8)]

Name of the Applicant

Identification Marks

(1)

(2)

3. (a) Does the applicant, to the best of your judgement, suffer from any defects of vision?
If so, has it been corrected by suitable Spectacles?

YES NO

(b) Can the applicant, to the best of your judgement, readily distinguish the pigmentary colors, red and green ?

YES NO

(c) In your Opinion, is he able to distinguish with his eyesight at a distance of 25 metres in good daylight of a motor car number plate?

YES NO

(d) In your opinion, does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals?

YES NO

(e) In your opinion, does the applicant suffer from night blindness ?

YES NO

(f) Has the applicant any defects or deformity or loss of member which would interfere with the efficient performance of his duties as a driver ?
If so, give your reasons in details---

YES NO

OPTIONAL

a. Blood Group of the applicant (if the applicant so desires that the information may be noted in his driving licence.)

b. RH factors of the applicant (if the applicant so desires that the information may be noted in his driving licence).

Declaration made by the applicant in form 1 as to his physical fitness is attached.

Certificate of Medical Fitness

I certify that:-

i. I have personally examined the applicant

Shri/Smt/Kum.

ii. That while examining the applicant I have directed special attention to his/her distant vision.

iii. While Examining the applicant, I have directed special attention to his/her hearing ability the condition of the arms, legs, hands and joints of both extremities of the applicant.

iv. I have personally examined the applicant for reaction time, side vision and grace recovery, (applicable in case of person applying for a licence to drive goods carriage carrying goods of dangerous or hazardous nature to human life.)

And therefore I certify that, to the best of my judgement, he is medically fit/not fit to hold a Driving Licence.

The Applicant is not medically fit to hold a License for the following reasons:-

Space for Passport
Size Photograph of the
Applicant

Date

Signature

1. Name and Designation of the Medical
Officer/Practitioner

2. Seal

3. Registration Number of Medical Officer.

Signature or thumb impression of the
candidate

Note : The Medical Officer shall affix his signature over the photograph affixed in such a manner that part of his signature is upon the photograph and part on the certificate.