

Riservato all'Ufficio

Spazio per Marche Consolari

## HEALTH CERTIFICATE

FOR CONFIRMATION OF DRIVING LICENCE

CLASS: A B C D E

N.

This is to certify that:

Surname

Name:

Date of Birth:

Place of Birth:

Passport. N.:

Date of Issue :

Height

Weight

Shows no symptoms of being addicted to alcohol or drugs. Physical and psychical status is normal. Stature and shape is normal. Does not suffer from any mental disorder, physical diseases and disabilities &/or other disability which could compromise the driving of vehicles which the licence is issued for.

### EYES

Pupils equal and reactive to light and accommodation.

VISUAL ACUITY		BOTH	RIGHT	LEFT
FAR	uncorrected			
	Corrected			
NEAR	uncorrected			
	Corrected			

COLOUR VISION

VISUAL FIELD

STERIOSCOPICAL VISION

NIGHT VISION

### AUDIOGRAM

### REACTION TIME AT SIMPLE STIMULATIONS:

Luminous Stimulations  Normal  Abnormal

Acoustical Stimulations  Normal  Abnormal

Therefore he/she is considered  ABLE  UNABLE to class  Driving Licence

### REMARKS:

---

---

---

Driving with lenses is compulsory  YES  NO

Driving with hearing aid is compulsory  YES  NO

Doctor's Name

Signature :

Date,

CLINIC: FULLERTON HEALTHCARE@DRS. HORNE & CHIN (NGEE ANN CITY)  
391B Orchard Road #25-01/02/07/08 Ngee Ann City Tower B  
Singapore 238874  
Tel: 6664 3804  
Email: [ehs@fullertonhealth.com](mailto:ehs@fullertonhealth.com)