

Riservato all'Ufficio

Spazio per Marche Consolari

# HEALTH CERTIFICATE

FOR CONFIRMATION OF THE 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 and/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  
STERIOSCOPICAL VISION

VISUAL FIELD  
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,

## LIST OF ACCREDITED DOCTORS

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- Name : **Dr. Bernard THIO**  
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- Name : **Dr. Mark LU**  
Clinic Address : **PIVOT MEDICAL PTE LTD**  
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- Name : **Dr. Paul SIE**  
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