

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

- Name : **Dr. Bernard THIO**
Clinic Address : **FULLERTON HEALTHCARE @ PRIMARY CARE ASIA**
290 Orchard Road #15-11, Paragon Medical Centre,
Singapore 238859

Phone number : **6672 5008**

Doctor's email address : **bernard.thio@fullertonhealth.com**

Clinic Managers emails : **shannon.sum@fullertonhealth.com;**
iqa.johari@fullertonhealth.com

- Name : **Dr. Mark LU**
Clinic Address : **PIVOT MEDICAL CLINIC (RMH Family Clinic Pte Ltd)**
1 Scotts Road, #17-01 Shaw Centre, Singapore 228208

Phone numbers : **6904 3176 or 6904 3177** Fax : **6904 3170**

Doctor's email address: **mark.lu@pivotmedical.com.sg**

Clinic Manager's email: **patsy_hooi@pivotmedical.com.sg;**
appt@pivotmedical.com.sg

- Name : **Dr. Paul SIE**
Clinic Address : **PIVOT MEDICAL CLINIC (RMH Family Clinic Pte Ltd)**
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