

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 _____

STEREOSCOPICAL 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:

List of referring doctors

Dr. Bernard THIO

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