MEDICAL CERTIFICATE

For ---------- (1) of a Driving Licence
Categories A B C D E (2)

I certify that Mr.....
Born in.....on the.....
Identity Document..... .Number.....
Issued by.....on the.....
Is.....mt high and weighs Kg.....

He does not show any symptom which may reveal alcoholic substance abuse or addiction to drugs which could affect or impair the psycho-physic state of the person
He has no conformation anomalies that could affect the somatic development, or physical or psychic sickness, organic deficiency or anatomic and/or functional disablements that may influence negatively the driving safety of the vehicles for which the licence is issued

He has	On the right eye	On the left eye
With the naked eye	_____	_____
With correct refraction	_____	_____
Grade of refraction	_____	_____

Chromatic sense Visual field Stereoscopic sense

Binocular vision Night vision

Can hear a conversation with / without (4) acoustic prosthesis mono-lateral / bi-lateral (4)

from the right side at_____ mt. from the left side at _____ mt.

Has reaction time to simple stimulations (measured in decili)

Light stimulations quickness_____ regularity_____

Acoustic stimulations quickness_____ regularity_____

As a consequence fit / unfit
we consider the person _____ (4) for (1)_____driving Licence of Category (5)

Notes (6)_____

(7) ☐ Should be wearing lens while driving
(7) ☐ Should be wearing hearing aid while driving

Stamp. Name & qualification of the doctor

Issued on the _____

(1) State whether: Obtaining or Review or Confirm validity
(2) Cross the right one
(3) Picture to apply only for the first issue of a Licence
(4) Cancel the case not involved
(5) Indicate which category of Licence for which you are certifying
(6) The inability should be properly justified
(7) Indicate yes or no.