

MEDICAL EXAMINATION FORM

NAME Mafina el Tilahun

SEX M DATE OF BIRTH 15-5-1979

OCCUPATION Driver DATE OF EXAMINATION 3-2-18



Grade and category of driving License Requested

| | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| M | A | T1 | T2 | P1 | P2 | P3 | FD1 | FD2 | FD3 | FL1 | FL2 | SM1 | SM2 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| EXAMINATION | NORMAL | DEFECTIVE | | REMARK |
|-----------------------|-------------------------------------|-------------------------------|-------------------------------|--------|
| | | L | R | |
| i. Vision test | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ii. Sound perception | <input checked="" type="checkbox"/> | L <input type="checkbox"/> | R <input type="checkbox"/> | _____ |
| iii. Epilepsy | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | |
| iv. Mental defect | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | |
| v. Blood group | <input type="checkbox"/> <u>B+</u> | | <input type="checkbox"/> | |
| vi. Diabetes test | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | |
| vii. Urine and kidney | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | |

Physical Examination Normal

Fitness Recommendation

Fit to drive all vehicles

Fit only to drive yes category (be granted) _____ with _____

Following restriction or condition N.A.D.

Totally unfit

Name of the examiner (doctor) Sh. Lalise signature [Signature]



