City of Windhoek

Emergency and Disaster Risk Management

MEDICAL CERTIFICATE

A. PARTICULARS OF MEDICAL PRACTITIONER

Type of identification (mark with X) | Driver's License | Passport

Identification

Surname

initials and first names (not more than 3)

Medical Association registration number

Postal address

Street address

Telephone number during day

(code) (number)

B. PARTICULARS OF APPLICANT

Type of identification (mark with X) | Driver's License | Passport

Identification number

Country of issue if foreign ID

Surname

Initials and first names (not more than 3)

Postal address

Street address

MEDICAL CONDITION

Medical practitioner's on whether the applicant's condition in respect of the following disorders will affect the applicant's ability to drive a motor vehicle without endangering public safety:

a.	Diabetes mellitus (requiring medication)	yes	no
b.	Thrombosis dysfuntion	yes	no
c.	Respiration dysfunction	yes	no
d.	High blood pressure	yes	no
e.	Epilepsy, muscular, vascular or neuro muscular disease	yes	no
f.	Mental, nervous or function disease or psychiatric disorder	yes	no
g.	Loss of hearing (need for hearing aid shoild be recorded)	yes	no
h.	Excessive use of intoxicating liquor, amphetamines, narcotics or any habit forming drug	yes	no
i.	Alcoholism	yes	no
j.	Impairement of the use of am, hand or finger, leg or foot	yes	no
k.	loss of limbs (leg, foot, arm, need for artificial limbs should be recorded)	yes	no
l.	Loss other disease or disability	yes	no

If answer to any of the above was *"yes"*, give full details:

DECLARATION

I, the medical practitioner:

a. declare the applicant, for purposes of driving a motor vehicle, as | medically fit | medically unfit | (excludeing vision)

b. declare that all the particulars furnished by me in this form are true and correct; and

c. realise that a false declaration is punishable with a fine or imprisonment of both

Signature _____

Palce _____

Date 2:0 : : :

NOTE: THIS MEDICAL CERTIFICATE IS ONLY VALID FOR A PERIOD OF 2 MONTHS AFTER THE DATE OF THE DELARATION MADE BY THE MEDICAL PRACTITIONER.