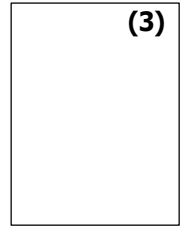


MEDICAL CERTIFICATE

(3)

for _____ (1) of driving license with category: A B C D E (2)



It is hereby certified that Mr. / Mrs. _____

born in _____ ID/Passport n. _____

issued by _____ on _____, of height _____ cm and weight of _____ kg.

He/ she does not present symptoms showing either an abuse of alcohol or addiction to drugs or other substances that may affect his /her psychophysical condition

He / she does not show any psychophysical anomaly, organic deficiency or functional / anatomic handicap that could compromise safety and security, in driving the kind of vehicles this driving license is valid for.

He / she has	Right Eye	Left Eye
Naked eye
With corrected refraction
Degree of refraction

Chromatic sense Field of vision Stereoscopic sense

Binocular vision Night vision

He / she can hear **with / without (4)** acoustic prosthesis **mono aural / double aural (4)** with the right ear atm. and with the left ear at.....m.

He /she reacts to simple stimulus (measured in deciles)

Luminous stimulus	speed	regularity
Acoustic stimulus	speed	regularity

consequently he / she is considered **fit / not fit** for (1) of the driving license, category (5)

Comments (6):

..... (7) use of lenses compulsory while driving

..... (7) use of acoustic prosthesis compulsory while driving

The undersigned declares that he/she has read the privacy statement concerning consular services with the exception of visas and citizenship, in accordance with the General Data Protection Regulation (EU) 2016/679.

Stamp and signature of doctor

Date Issued

- (1) Specify if it is an endorsement, review or confirmation of its validity
- (2) Indicate the relevant category
- (3) Photograph of the applicant to be attached by the doctor
- (4) Cross out where not applicable
- (5) Indicate the category of driving license which the assessment refers to
- (6) Further details to be provided if declared 'unfit'
- (7) Specify 'yes' or 'no'