



Government of the Republic of Trinidad and Tobago  
MEDICAL TEST FOR DRIVING PERMIT

**FORM OF MEDICAL CERTIFICATE FOR AN APPLICANT FOR  
A PERMIT TO DRIVE MOTOR VEHICLES**  
Motor Vehicles and Road Traffic Act, Chap. 48:50

**(1) This form is to be completed by a REGISTERED MEDICAL PRACTITIONER**  
**(2) Please print information in BLOCK LETTERS**

Applicant Name \_\_\_\_\_  
(Surname, First name, Middle name)

I.D.  / D.P.  / Passport No.  \_\_\_\_\_

In the case of suspected medical unfitness it is important that the Licensing Authority be satisfied on the following points before the grant of a driving permit:

1. Is the applicant, to the best of your judgment, subject to epilepsy, vertigo or any mental ailment likely to affect his efficiency?	<i>Reply to be inserted in this column</i>						
2. Does the applicant suffer from any heart or lung disorder which might interfere with the performance of his duties as a driver?							
3. What is the Blood pressure reading? (Both systolic and diastolic readings should be given).							
4. (a) Is there any defect of vision? (See Note I).	(a)						
(b) If a defect of vision is revealed on examination, give acuity of vision by Shellen's Test.	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>(b) R.E.</td> <td>L.E</td> <td>without glasses.</td> </tr> <tr> <td>R.E.</td> <td>L.E</td> <td>with glasses.</td> </tr> </table>	(b) R.E.	L.E	without glasses.	R.E.	L.E	with glasses.
(b) R.E.	L.E	without glasses.					
R.E.	L.E	with glasses.					
(c) Do you consider that the applicant should wear glasses when driving?	(c)						
(d) Is there any defect of hearing?	(d)						
5. Has the applicant any deformity or loss of members? If so, would it interfere with the efficient performance of his duties as a driver? (See Note II).							
6. Is the applicant sufficiently active for the performance of his duties?							
7. Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?							
8. Is the applicant, in your opinion, generally fit as regards: (a) bodily health and (b) temperament for the performance of his duties of as a driver?	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>(a)</td> <td></td> </tr> <tr> <td>(b)</td> <td></td> </tr> </table>	(a)		(b)			
(a)							
(b)							

Notes: I - Special attention should be directed to distant vision.

II - Special attention is directed to the condition of the arms, hands, legs and joints of the upper and lower extremities.

The applicant is responsible for the payment of any fee in connection with the examination and the fee is NOT a charge on Public funds.

The Certificate is for the confidential use of the Licensing Authority and its contents are not divulged to anyone other than the applicant.

It is an **offence under section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50**, for any person to “make any statement which to his knowledge is false, or in any material respect misleading”, and the penalty on conviction is two thousand dollars.

It is suggested that the applicant might be so warned before the examination is made by the Registered Medical Practitioner.

\_\_\_\_\_

**TO: THE LICENSING AUTHORITY**

I certify that I have examined the applicant, Mr/Mrs/Miss \_\_\_\_\_  
(Surname) (Other Names)

on \_\_\_\_\_ (DD/MM/YYYY)

I consider this patient fit  / unfit  for the performance of his duties as a driver of motor vehicles.

Medical Practitioner Name \_\_\_\_\_

Qualification and Registration Number  
of Medical Practitioner \_\_\_\_\_

Office Address (Street): \_\_\_\_\_

Office Address (City): \_\_\_\_\_

Telephone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

I declare that to the best of my knowledge and belief the information given by me is true and correct. I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of two thousand dollars in accordance with **section 94 of the Motor Vehicles and Road Traffic Act, Chap. 48:50**.

\_\_\_\_\_  
Signature of Medical Practitioner

Medical Practitioner's  
Stamp

\_\_\_\_\_  
Date (DD/MM/YYYY)

