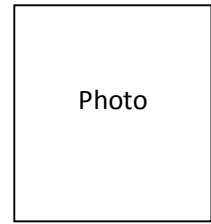


**Form B**



**MEDICAL SCREENING FOR DRIVING LICENSING**

*Part I and II of this form to be completed by the applicant:*

<b>Part I: Personal Information</b>		
Name	Nationality	Passport No/Identity Card No./Voter Card No.
Date of Birth/Age	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Occupation
Residential Address in Bhutan:		
Contact Number:		

<b>Part II: Medical History (To be declared and signed by the applicant)</b>							
	Y	N	If yes, give brief details		Y	N	If yes, give brief details
	E	O			E	O	
	S				S		
1. Mental illness				2. Epilepsy (Seizures in last 3 years)			
3. Asthma/COPD				4. Diabetes Mellitus			
5. Hypertension				6. Vertigo			
7. Heart Disease				8. Addiction to drugs or alcohol			
9. Hearing Impairment				10. Visual problem			
11. Long-term medication				12. Physical deformity			
13. Trauma/injury							

I declare that all the information given above is correct and true. I also understand that I may be liable for actions by the concerned authority for providing false or misleading information.

Signature/thumb impression of the applicant.....

Date.....

Thumb Impression

*Note: The applicant should inform the licensing authority if he/she develops medical condition that might interfere with driving ability.*

**Part III: Physical Examination:** (to be completed by a registered medical or health person only)

A. General		Normal	Abnormal	Brief details (if Abnormal)
1.	Pulse rate..... Per min			
2.	Blood pressure ...../..... mm Hg			
3.	Conjunctiva ( <i>Circle</i> ) Pallor/non-icteric/others (specify)			
4.	Lymphadenopathy			
5.	Pedal oedema			
6.	Visible deformity			
B. Systemic				
7.	Neurological status (sensory and coordination)			
8.	Cardiovascular system			
9.	Respiratory system			
10.	Per abdomen- General Liver Spleen			
11.	Stigmata for alcohol and drug abuse			
12.	Visual acuity      RE      LE Unaided <input type="text"/> <input type="text"/> Pinhole <input type="text"/> <input type="text"/> Corrected <input type="text"/> <input type="text"/> Near vision <input type="text"/> <input type="text"/> Colour vision <input type="text"/> Visual field <input type="text"/> <input type="text"/> Horizontal      Vertical			
13.	Blood group			
Part IV: Certification and declaration				
I certify that the person is: ( <i>check only one option</i> )				
<input type="checkbox"/> Fit for driving <input type="checkbox"/> Fit for conditional driving, specify..... <input type="checkbox"/> Unfit for driving				
Name and signature of the examining medical or health person			BMHC registration No. and Address:	

**Person shall be certified unfit for driving if the person has:**

- 1. Best corrected vision in both eyes worse than 6/12 (Private driving purpose)*
- 2. Best corrected vision in both eyes worse than 6/9 (Professional driving purpose)*
- 3. Best corrected vision worse than 6/12 and better than 6/60 (Restricted driving license)*
- 4. Colour blindness*
- 5. Visual field less than 120 horizontal and 20 vertical*
- 6. Deafness(Severe)(Professional driving purpose)*
- 7. Uncontrolled epilepsy (more than 3 episodes of seizures in the last 6 months)*
- 8. Uncontrolled diabetes mellitus*
- 9. Recurrent or disabling vertigo*
- 10. Sever withdrawal syndrome*
- 11. Major Mental disorders (severe depression, psychosis, manic episode in bipolar disorder, severe anxiety, attention deficit hyperactivity disorder, etc.)*