

**SEVENTH SCHEDULE**  
**HEALTH FORM**  
(reg. 14)



## Health Declaration Form

- Group 1:** Class A1, A, B, EB, F, H, (if deemed necessary by Licensing Authority)
- Group 2:** Class C1, C, EC1, EC, Permits PrDP and Instructors (mandatory)

**Notice for the certifying Doctor:**

The certification should provide sufficient information about the applicant's physical and mental ability to establish his suitability for driving a motor vehicle.

"Screening" in the tested fields indicated in the form would normally be sufficient for this purpose. In cases of doubt, referral to other specialists would be recommended.

**1. Personal data of the applicant:**

Omang ID/Passport No.:	
Surname and First name:	
Date of birth:	
Place of birth:	
Postal Address and Plot No.:	
City / Town / Sub-Village:	
Location or Kgotla:	

**2. Patient's history and Family history:**

- No serious family history
- No other illnesses or accidents in the last 5 years that might limit the driving ability
- If yes, please specify:.....

**3. Data:**

Height:.....(cm) .....weight:.....(kg)

BP...../.....mmHg Pulse.....bits per minute

**4. General health condition:**

- Good
- If not sufficient, please indicate any limitation.....

**5. Physical disabilities:**

- None that would limit the driving of a vehicle with a manual transmission
- If yes, would you recommend a vehicle with  automatic transmission and/or  additional fittings?
- .....

- A further consultation of other experts is required?
- Expert panel of Doctor including Licensing Authority required?

Is the disability  Permanent or  Temporary (e.g. Pregnancy) and for how long?.....

<b>6.</b>	<b>Heart/Blood circulation</b> <input type="checkbox"/> No syndromes for heart-/blood disturbances <input type="checkbox"/> If yes, please indicate..... .....
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<b>7.</b>	<b>Blood (e.g. bleeding, emboli, etc)</b> <input type="checkbox"/> No indication about serious blood illness <input type="checkbox"/> If yes, please indicate..... .....
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<b>8.</b>	<b>Kidney illness:</b> Urinalysis E.....Z.....Sed <input type="checkbox"/> No indication about serious insufficiency <input type="checkbox"/> If yes, please indicate..... .....
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<b>9.</b>	<b>Endocrine disturbances</b> <input type="checkbox"/> No indications about blood sugar illness <input type="checkbox"/> Blood sugar - if known: with/without Insulin treatment <input type="checkbox"/> No indications for other endocrine disturbances <input type="checkbox"/> If yes, please indicate..... .....
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<b>10.</b>	<b>Nerve system (e.g. Epilepsy, mental disease, etc.)</b> <input type="checkbox"/> No indication for disturbances <input type="checkbox"/> If yes, please indicate..... .....
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<b>11.</b>	<b>Psychiatric illnesses/ addictions (alcohol, drugs, medicine)</b> <input type="checkbox"/> No indication about mental or drug addiction <input type="checkbox"/> If yes, please indicate..... .....
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<b>12.</b>	<b>Hearing/Ear Drums:</b> Whispering talks R.....m L.....m <input type="checkbox"/> No indications for a serious disturbance about hearing <input type="checkbox"/> If yes, please indicate..... .....
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<b>13.</b>	Following my examination of the candidate as prescribed in Part I, I recommend the following: <input type="checkbox"/> No further investigations, since no indications about physical or intellectual capacities could be found. <input type="checkbox"/> Further investigations are necessary before the issuance of the driving licence: ..... .....
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Doctor's name / official stamp: .....	Signature / Date: .....
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(Distribution: **Original** for Licensing Authority and a **Copy** for Doctor)