

FORM T.R.12

Section 31, Traffic Act (2021 Revision)
MEDICAL CERTIFICATE OF FITNESS TO DRIVE A MOTOR VEHICLE

To: Director of the Department of Vehicle & Drivers' Licensing,
 P.O. Box 1165, Grand Cayman KY 1-1102 Tel: 945-8344 Fax: 945-8345

From: _____ Date of Examination: _____
 <Name of Examining Doctor>

I certify that I have examined:

Name of person examined	Date of birth	Address

Examination Results

ISSUE OF EXAMINATION	YES	NO
1. EYESIGHT (standard not less than 10/20)?		
EYE- GLASSES REQUIRED?		

ISSUE OF EXAMINATION	RESULT OF EXAM
RIGHT EYE	
LEFT EYE	
COLOUR VISION	

ISSUE OF EXAMINATION	YES	NO
2. EARS/HEARING		
HEARING Aid/s required?		

ISSUE OF EXAMINATION	RESULT OF EXAM
RIGHT EAR	
LEFT EAR	
EQUILIBRIUM/BALANCE	

ISSUE OF EXAMINATION	YES	NO
3. CARDIO VASCULAR SYSTEM - Is the subject suffering from any disease or cardiovascular condition which renders him or her unsafe to drive a motor vehicle?	YES	NO
4. PHYSICAL or MENTAL DISABILITY - Is the subject suffering from any disease or condition of the body and/or mind that renders him or her unfit or unsafe to drive a motor vehicle?	YES	NO
5. Is this individual, subject to sudden loss of consciousness, awareness, and/or body control due to any disease or condition?	YES	NO
If yes, specify and say whether this is adequately controlled at this time: _____		
6. Is this individual, subject to EPILEPSY, FITS or any other disease, of similar effect?	YES	NO
7. Does the subject suffer from aneurysm or angina pectoris or other disease of similar effect?	YES	NO
If yes, specify and say whether this is adequately controlled at this time. _____		
8. Has this subject lost an arm/hand or leg/foot?	YES	NO
If yes, specify which has been lost? _____		
Does it affect their ability as driver? _____		
9. Addiction to alcohol or illicit drug use or dependency? _____ Specify if the drug screening is positive or negative and type _____ If yes, specify and say whether the addiction or dependency affects the individual's suitability as a driver. _____		
Please provide SAP 6 Drug Screening results with this form.		
Doctors remarks regarding other serious disorders or any other issues which he would wish to bring to the Director of the Department of Vehicle & Drivers' Licensing attention regarding the suitability of this subject as a driver: _____		

Doctor's Certificate

I _____, certify that I have read the memo from the Director of the Department of Vehicle & Drivers' Licensing contained over leaf. I certify that in my opinion the above-named person, examined by me on _____, is:

- FIT to drive
 UNFIT to drive
 PRIVATE CARS
 HEAVY EQUIPMENT
 PUBLIC TRANSPORT (I.E. A TAXI, A TOUR BUS, AN OMNIBUS OR A LIMOUSINE). **Or**

Has been referred to: _____ for purpose of _____

SIGNED: _____
 MEDICAL EXAMINER

DATE: _____

SIGNATURE OF OFFICER: _____

DATE: _____

Notice to Doctor

To : _____
<Name of Medical Doctor or personal Doctor of the subject>

From: Director of the Department of Vehicle & Drivers' Licensing

Date: _____

Request to have person medically examined for fitness to drive
I hereby request that you examine:

NOTE: It is particularly to be observed that in cases of doubt as regard applicant, the interest of the public should have precedence over the interest of the applicant.

Name	Date of birth	Address

This examination is required to determine this subjects' suitability to drive vehicles in the following categories: <Tick only the appropriate category>

- Private cars and light trucks only
- Including Commercial vehicles (i.e. large special purpose trucks/vehicles).
- Including Taxi or other public transportation vehicles.

In making your determination as to this person's suitability to drive, you should be aware of the following facts/circumstances giving rise to requiring this medical examination:

- Unexplained motor vehicle accidents.
- Observations of poor/erratic driving
- The age of the subject
- Other: _____

Kindly use the "MEDICAL CERTIFICATE OF FITNESS TO DRIVE A MOTOR VEHICLE" form (see the overleaf of this request) to report your findings.

Your report should be sealed in the attached envelope and returned promptly to the Director.

Director of the Department of Vehicle & Drivers' Licensing

NOTES TO DOCTOR:

- WHERE EXAMINATION RELATES TO PUBLIC TRANSPORT, THE EXAMINATION SHOULD INCLUDE FITNESS TO ASSIST CUSTOMERS (I.E. LIFTING BOXES, LUGGAGE ETC.) AND GENERAL ALERTNESS (TO DEAL WITH DIRECTIONS ETC).
- GENERALLY, THE BOOKLET "FOR MEDICAL PRACTITIONERS" - AT A GLANCE GUIDE TO THE CURRENT MEDICAL STANDARD OF FITNESS TO DRIVE", ISSUED BY THE DVLA, SWANSEA AS UPDATED. AVAILABLE FREE OF COST FROM THE DIRECTOR OF THE DEPARTMENT OF VEHICLE & DRIVERS' LICENSING (CALL 945 8344 EXT 5517).
- THIS MEDICAL REPORT SHOULD BE SEALED IN AN ENVELOPE - ONE SHOULD BE ATTACHED - AND RETURNED VIA THE SUBJECT.

Declaration:

I, _____ hereby authorise _____ to
(Applicant) (Name of Examining Doctor)

release this medical information to the Director of the Department of Vehicle & Drivers' Licensing for the purposes of the Traffic Act (2021 Revision) and the Public Passenger Vehicles.

Signature of Person Examined