



MEDICAL EXAMINATION REPORT (VOCATIONAL LICENCE APPLICATION / RENEWAL)

Section A: Particulars of Applicant (*To be duly completed by applicant)

*Name of Applicant:			
*NRIC No:		*Contact Number:	
*Type of Vocational Licence:			

Section B – X-ray Examination (Certified by Radiologist) – (Only applicable to new applicants or if instructed by LTA).

I have had the applicant X-rayed, having assured myself that he/she is the person named above by having had his/her Identity Card/Work Permit examined and his/her signature below.
 Please tick in the appropriate box

- Result: There is no radiological evidence of chest lesion.
 The applicant is suffering from TB.

Comments, if any: _____

Date: _____

 Signature of Applicant
 (In the presence of the radiographer)

 (Name and Signature of Radiologist)

Section C – Medical History (To be completed by Medical Examiner only)

Please tick in the appropriate column.

	Do you have any history of or are you suffering from:	Yes	No
1	Nervous breakdown or mental trouble		
2	Severe headaches or migraines		
3	Fits or convulsions of any kind		
4	Fainting attacks or giddiness		
5	Head injuries or concussions		
6	Eye trouble of any kind		
7	Colour blindness		
8	Difficulty in seeing in the dark		
9	Deafness		
10	Asthma		
11	Heart diseases, weak or strained heart		
12	Palpitations or breathlessness		
13	Physical or mental disability		
14	Illness or injuries not mentioned above (please specify)		
I have undergone a surgical operation.			

I declare that I have carefully considered the statements made above and they are, to the best of my knowledge, true and correct. I also declare that I have not withheld any relevant information or made any misleading statement. I give my consent to the examining or assessing Medical Examiner to communicate with any physician who has attended to me.

 Signature of Applicant & Date
 (In the presence of the Medical Examiner)

 Name/ Signature of Medical Examiner & Date

*Name of applicant: _____

*NRIC No: _____

Section D – General Medical & Laboratory Tests (To be completed by Medical Examiner only)

Test		Medical Examiner's Remarks		
1	Colour Perception – is the applicant able to accurately identify the colours red, green and amber?	Yes	/	No
2	Visual Acuity for distance			
	▪ * With / Without glasses	RE		LE
3	Near Vision			
	▪ * With / Without glasses	RE		LE

In my opinion, the applicant *needs to / need not wear glasses when driving.

Note: The standard of acuity of vision should be at least 6/12 in each eye, with or without optical aids.

Comments, if any:

Section E – General Medical Examination (To be completed by Medical Examiner only)

Please tick in the appropriate column.

		Yes	No
1	Any deformities and/or physical disabilities observed		
2	Any evidence of wounds/injuries or operations		
3	Any abnormality of movement of the joints		
4	Any evidence of abnormality of the nervous system		
5	Any evidence of psychiatric disorder		
6	Heart: Any evidence of abnormality of the cardio-vascular system		
7	Any defect of hearing		
8	Does the applicant show any evidence of being addicted to alcohol, or of drug use?		
9	Blood Pressure: Systolic Diastolic		
	Is the applicant's blood pressure reading normal, for his/her age range?	Yes	No

I declare that I have carefully considered the statements made above and they are, to the best of my knowledge, true and correct. I also declare that I have not withheld any relevant information or made any misleading statement. I give my consent to the examining or assessing Medical Examiner to communicate with any physician who has attended to me.

Signature of Applicant & Date
(In the presence of the Medical Examiner)

Name/ Signature of Medical Examiner & Date

Section F – Memo Requirements (To be completed by Medical Examiner only)

<u>Submission of Additional Memo is required based on the listed conditions:</u>	Yes	No
NOTE: Any medical condition(s) stated below must be certified by attending Medical Specialist. (Example : Heart Surgery – Individual is fit to drive Public Service Vehicle)		
Heart Surgery (with Pacemaker*) - (*Requires memo from Cardiologist)		
Stroke (Requires Driving Assessment Rehabilitation Programme (DARP) report and memo from Neurologist)		
Mental illness (e.g. Anxiety, Depression, Schizophrenia & Bipolar) (Requires memo from psychiatrist / attending physician for mental illness)		
Amputee (Requires Driving Assessment Rehabilitation Programme (DARP) report)		
Hearing problems (Requires Audiogram report and memo from hearing specialist/audiologist)		
Tuberculosis (Requires TB Certificate of Completion from Tuberculosis Control Unit (TBCU) or Ministry of Health (MOH))		
End Stage Renal Failure on Hemodialysis (Requires memo from attending physician for renal illness)		
Cancer undergoing Chemotherapy or Radiotherapy		

*Delete where applicable

Section G – Details of Overall Results

(To be completed by Medical Examiner only if Section F is ‘No’ for all conditions or has no other medical conditions requiring referral to a Specialist doctor)

I certify that I have on this day examined the applicant named in Section A. He/She has shown me his/her Identity Card/ Work Permit as proof of identification. The answers to the questions above are correct to the best of my knowledge. Based on my observations and the results of the various tests and examinations as set out in Section B - F, I find the applicant physically and mentally

*** FIT / UNFIT**

to hold a vocational licence to drive a Public Service Vehicle.

(If the applicant is not fit to drive a Public Service Vehicle but is fit to act as a **Bus Attendant** on a Public Service Vehicle, please indicate accordingly.)

Signature of Medical Examiner:	
Name of Medical Examiner:	
Qualification of Medical Examiner:	
Name of Hospital / Clinic:	
Address of Hospital / Clinic:	
Date:	

Section H – Certification of Memo

(To be completed by Medical Specialist if Section F is ‘Yes’ to any one of the listed conditions above)

Based on applicant’s medical condition as set out in Section F and my observations/review, I find the applicant physically and mentally

*** FIT / UNFIT**

to hold a vocational licence to drive a Public Service Vehicle.

(If the applicant is not fit to drive a Public Service Vehicle but is fit to act as a **Bus Attendant** on a Public Service Vehicle, please indicate accordingly.)

Signature of Specialist:	
Name of Specialist:	
Qualification of Specialist:	
Name of Hospital / Clinic:	
Address of Hospital / Clinic:	
Date:	

***Name of applicant:** _____

***NRIC No:** _____