



ROAD TRAFFIC ACT [CHAPTER 13:11]

Medical or Optical Certificate or Special Medical Certificate

64296-7

ZIMBABWE

DUPLICATED/PHOTOCOPIED FORMS ARE NOT ACCEPTED

PART I (To be completed by examinee)

R.T.L.D. 6

Surname (block capitals): MUKOMBE
 Forenames (block capitals): EDGAR
 Identification particulars: 85-017250 D-85 Date of birth: 10/10/81
 Residential address: 23 MUTSI ROAD ZENGEZA 1
 Details of learner's licence: Number 10720-HC
 Date of issue: 11/04/19 Place of issue: HARARE ZIM
 Have you ever suffered from any of the following?

Nature of illness	Delete inapplicable	Date(s)
1. Mental trouble	Yes /No	
2. Head injury	Yes/ No	
3. Fits	Yes /No	
4. Deafness/Ear trouble	Yes/ No	
5. Heart trouble	Yes/ No	
6. Fainting attacks	Yes /No	
7. Eye trouble	Yes/ No	
8. Diabetes	Yes/ No	

I, the undersigned, declare in the presence of the registered medical practitioner, registered dental surgeon, registered optician or registered psychologist, who will sign Part II of this medical or optical certificate or special medical certificate, as the case may be, that the replies given to the above questions are, to the best of my knowledge and belief, complete and correct.

Date: 19/08/19 Signature: [Signature]

(To be completed by the registered medical practitioner, registered dental surgeon, registered optician or registered psychologist (hereinafter called the qualified person) after he has seen the examinee's photograph on either the learner's licence or driver's licence of the examinee, or if the examinee is not the holder of such a licence the qualified person has satisfied himself that the examinee is the person required to undergo an examination or test or to produce a medical or optical certificate) NOTE "Registered" means registered in terms of the Medical, Dental and Allied Profession Act [Chapter 27:08].

1. Is examinee's eyesight satisfactory? Yes/~~No~~

Visual acuity:

Right eye: 6/6

Left eye: 6/6

(With/ without glasses)

2. Is examinee normal in respect of

(a) green/red colour perception?

Yes/~~No~~

(b) blood pressure (considering age)?

Yes/~~No~~

(c) his heart?

Yes/~~No~~

(d) hearing?

Yes/~~No~~

3. Is examinee free from

(a) diabetes?

Yes/~~No~~

(b) any nervous disorder?

Yes/~~No~~

(c) Any physical disability likely to affect his control of a motor vehicle?

Yes/~~No~~

4. Comments on any question answered "No" in this Part:

N/A

5. Do you consider the examinee to be fit to drive a motor vehicle*/ omnibus or passenger public service vehicle? Yes/~~No~~

Date: 19/08/19

Signature: [Signature]

Name and address of qualified person:

DA T. MUMANDA
MARKET, MABARE,

Notes: (1) *Delete the inapplicable.

(2) The examinee is responsible for paying the fee for this examination



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