



འཛིགས་མེད་དོན་རྒྱུ་རྒྱུ་ལ་ཡོངས་གཙོ་བསྟེན་སྟེན་ཁང་།  
ཐིམ་ཕུག་།



ROYAL GOVERNMENT OF BHUTAN  
JIGME DORJI WANGCHUCK NATIONAL REFERRAL HOSPITAL  
THIMPHU BHUTAN

2630

MEDICAL FITNESS CERTIFICATE

Date : 16/12/25

No. 1693968

This is to certify that Tenzin Zangpo bearing  
Age/Sex 18/M

CID No. 11512005711 Candidate for (earner license)

has been examined and found that he/she has no diseases (communicable or otherwise),

weakness, or bodily infirmity, except No

This is not a disqualification for the purpose that the candidate is applying for:

VALID FOR 6 MONTHS  
FROM THE DATE OF ISSUE

Clinical Examination  
BP 120/80 Mm of Hg  
CVS .....  
RS .....  
Others .....  
10

Name of the Medical Officer : .....

Signature



Medical Officer  
Jigmi Dorji Wangchuck  
National Referral Hospital  
Thimphu: Bhutan  
VA 6/6  
GV :- Normal BE

SPECIAL CONSULTATION SERVICE  
JDWRH  
THIMPHU BHUTAN





BHUTAN

ཨ་མ་དཔལ་ལྷན་འབྲུག་པའི་རྒྱལ་ཁབ།

KINGDOM OF BHUTAN

མི་ཁྲུངས་ལག་ཁྱེར། / Citizenship Card



མིང་: བཟུན་འཛིན་ དགོན་མཆོག་  
བཟང་པོ།

Name: Tenzin Kenchog Zangpo

Sex: Male

Date of Birth: 27/10/2007

Citizenship ID No. 11512005711



Date of Issue: 26/01/2023  
Date of Expiry: 25/01/2033

B0000588561

Household No.: 151200163





**Form B**

Photo

**MEDICAL SCREENING FOR DRIVING LICENSING**

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

Part I: Personal Information		
Name	Nationality	Passport No/Identity Card No./Voter Card No.
Tenzin Kenchog Zangpo	Bhutanese	115/2005711
Date of Birth/Age	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Occupation
27/10/07		Student
Residential Address in Bhutan:		
Kawajangsa.		
Contact Number:		
17846937		

Part II: Medical History (To be declared and signed by the applicant) (Please Tick ✓)							
	YES	NO	If yes, give brief details		YES	NO	If yes, give brief details
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 <u>60</u> Per min			
2.	Blood pressure <u>120/60</u> mm Hg			
3.	Conjunctiva (Circle) 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- Liver Spleen			
11.	Stigmata for alcohol and drug abuse			
12.	Visual acuity RE LE Unaided <u>6/6</u> <u>6/6</u> Pinhole <u>  </u> <u>  </u> Corrected <u>  </u> <u>  </u> Near vision <u>N/6</u> <u>N/6</u> Colour vision <u>Normal BE</u> Visual field <u>  </u> <u>  </u> Horizontal Vertical			
13.	Blood group(Please tick ✓) A <input type="checkbox"/> B <input type="checkbox"/> O <input checked="" type="checkbox"/> RH+ <input checked="" type="checkbox"/> RH- <input type="checkbox"/>			

**Part IV: Certification and declaration**

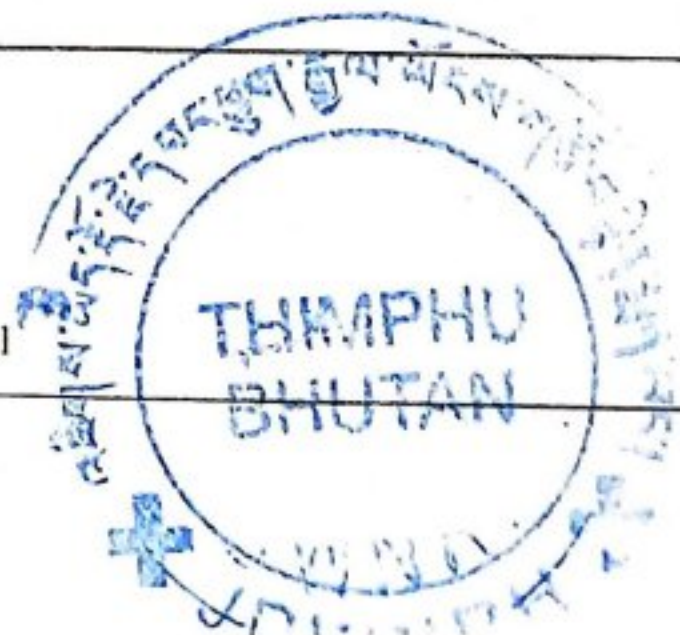
I certify that the person is: (check only one option)

- ☒ Fit for driving  
☐ Fit for conditional driving, specify.....  
☐ Unfit for driving

Signature:  
 Name of physician:  
 BHMC Registration No.:  
 Address:

Medical Officer  
 Jigmi Dorji Wangchuck  
 National Referral Hospital  
 Thimphu Bhutan

Hospital Seal



J D W N R  
 Laboratory  
 16/12/20