

CERTIFICATE OF FITNESS

For Driving Commercial Vehicles

Certificate No.:

Date:

Full Name of Applicant:

Date of Birth:

Address:

Type of Vehicle:

License Number:

Medical Examination Details

Vision:

Hearing:

Physical Fitness:

Remarks by Medical Officer

I hereby certify that the above-named person has been examined and is **fit** / **not fit** to drive commercial vehicles.

Medical Officer's Name:

Signature:

Date: