REPUBLIC OF VANUATU Shedule 4,Section 44 Cap 29

Prescribed Medical Certificate

Name of applicant		Address Of Applicant			
Date of Birth		Height		Color Of Eye	
Vision Right Eye		Color Vision			
Vision Left Eye		Urine Albumen		Sugar	

[Please place a tick one of the boxes below

	Normal	Abnormal
Heart		
Lung		
Ears		
Abdomen		
Central Nervous System		
Joints		

Comment		Official Stamp

I declare to the best of my knowledge that the applicant does not suffer from illness Or physical handicap which could result in the said person being a public danger whilst in charge of a motor vehicle.

Port Vila,

Name of Doctor :[.....]

Signature : [.....] Date : [...../...../.....]