

TRAFFIC (LICENSING AND REGISTRATION) REGULATIONS

RESULT OF MEDICAL EXAMINATION

(Name) I _____

(Address) of _____

a medical practitioner registered in Gibraltar certify that on
the _____ day of _____ 20____

(Name) I examined _____

of _____
who:

Please **tick ✓** the appropriate **box** or **boxes**

- (a) is of the age of 70 years or more;
- (b) wishes to drive vehicles in any of categories C TO J;
- (c) wishes to drive public service vehicles;
- (d) was required by the Licensing Authority to submit himself for examination.

To ascertain whether his standard of fitness meets all the Requirements of Schedule 4A to the Traffic (Licensing and Registration) Regulations and found him/her to be physically And mentally fit to drive a motor vehicle.

_____ Fit/unfit to drive a motor vehicle.

Dated this _____ day of _____ 20____

Signature
of Practitioner _____

Practice Stamp