

DRIVERS LICENSE MEDICAL CERTIFICATION

Name Second name Paternal Last Name Maternal Last Name

Social Security Number _____ Puerto Rico Driver's License Number _____

Instructions for the doctor-Use legible letter (print letter)

According to the dispositions of Law number 22 of January 7th of 2000, as amended, known as "Law of vehicles and transit of Puerto Rico" all applicants that would like to obtain the Driver's License Certificate to operate motor vehicles, should be physically capable with no appeared mental inability to drive. The doctor should examine the applicant personally and will be record on this form the physical conditions in which the solicitant is.

Visual acuity:

Right eye without corrective glasses 20/____ Left eye without corrective glasses 20/____ Condition:
Right eye with corrective glasses 20/____ Left eye with corrective glasses 20/____ Congenital Acquired
Right eye Left eye

Both eyes 20/

Observations _____

Physical and mental condition of the applicant

Ears _____

Arms _____

Legs _____

Physical or mental defects _____

Has the patient ever suffered of epilepsy, convulsions, dizziness, or any other condition that causes a state of unconsciousness? Yes___ No___

Any heart disease? Yes___ No___

Do you have pacemaker? Yes___ No___

Do you have any prosthetics? Yes___ No___

Weight____ Pounds Eye color_____

Height____ Feet _____ Inches Hair color_____

Whom is subscribing, certifies that he/she is duly authorized to practice the medical profession in Puerto Rico and has consist that has examined _____ and certifies that the person is _____ physically able and with no apparent mental impairment to drive.

Test date

Doctor signature

Applicant signature

Doctor's name and medical license