SEVENTH SCHEDULE
HEALTH FORM
(reg. 14)

Health Declaration Form

☐ ***Group 1***: Class A1, A, B, EB, F, H, (*if deemed necessary by Licensing Authority*)

☐ ***Group 2***: Class C1, C, EC1, EC, Permits PrDP and Instructors (*mandatory*)

Notice for the certifying Doctor:
The certification should provide sufficient information about the applicant's physical and mental ability to establish his suitability for driving a motor vehicle.
"Screening" in the tested fields indicated in the form would normally be sufficient for this purpose. In cases of doubt, referral to other specialists would be recommended.

1. Personal data of the applicant:

Omang ID/Passport No.:	
Surname and First name:	
Date of birth:	
Place of birth:	
Postal Address and Plot No.:	
City / Town / Sub-Village:	
Location or Kgotla:	

2. Patient's history and Family history:

☐ No serious family history
☐ No other illnesses or accidents in the last 5 years that might limit the driving ability
☐ If yes, please specify:……

3. Data:

Height:……(cm) ……weight:……(kg)

BP……/……mmHg Pulse……bits per minute

4. General health condition:

☐ Good
☐ If not sufficient, please indicate any limitation……
……

5. Physical disabilities:

☐ None that would limit the driving of a vehicle with a manual transmission
☐ If yes, would you recommend a vehicle with ☐ automatic transmission and/or ☐ additional fittings?
……
……
☐ A further consultation of other experts is required?
☐ Expert panel of Doctor including Licensing Authority required?

Is the disability ☐ Permanent or ☐ Temporary (e.g. Pregnancy) and for how long?……

6.	**Heart/Blood circulation** ☐ No syndromes for heart-/blood disturbances ☐ If yes, please indicate……..…… ……..……

7.	**Blood (e.g. bleeding, emboli, etc)** ☐ No indication about serious blood illness ☐ If yes, please indicate…….…….. ……

8.	**Kidney Illness:** Urinalysis E……Z……Sed ☐ No indication about serious insufficiency ☐ If yes, please indicate…….…….. ……..……

9.	**Endocrine disturbances** ☐ No indications about blood sugar illness ☐ Blood sugar - if known: with/without Insulin treatment ☐ No indications for other endocrine disturbances ☐ If yes, please indicate…..…… ……..……

10.	**Nerve system (e.g. Epilepsy, mental disease, etc.)** ☐ No indication for disturbances ☐ If yes, please indicate…..…….. ……..……

11.	**Psychiatric illnesses/ addictions (alcohol, drugs, medicine)** ☐ No indication about mental or drug addiction ☐ If yes, please indicate…..…… ……..……

12.	**Hearing/Ear Drums:** Whispering talks R……..m L……m ☐ No indications for a serious disturbance about hearing ☐ If yes, please indicate…..…… ……..……

13.	Following my examination of the candidate as prescribed in Part I, I recommend the following: ☐ No further investigations, since no indications about physical or intellectual capacities could be found. ☐ Further investigations are necessary before the issuance of the driving licence: …… ……

Doctor's name / official stamp:	Signature / Date:
……	……

(Distribution: **Original** for Licensing Authority and a **Copy** for Doctor)