



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF WORKS AND TRANSPORT

LAND TRANSPORT REGULATORY AUTHORITY



## MEDICAL EXAMINATION FORM FOR CERTIFICATE OF AUTHORIZATION

**a. Social demographic:**

Name ..... Age..... Sex.....  
 Mobile No..... Physical Address.....  
 Type of I.D Card..... I.D Card Number.....  
 Height..... Weight ..... BMI.....

**b. General examination:**

- i. Central Nervous System + Musculoskeletal System Examination; Including the higher centre

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- ii. Cardiovascular System Examination; Including ECG and ECHO at rest for the candidate above 40 years.

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- iii. Respiratory System Examination;

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- iv. Per abdomen + GUS Including urine for protein for the Diabetic candidates;

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Examiner's comments .....

Examiner's name..... Designation.....

Qualification..... Date..... Signature.....

**c. Eye examination:**

**i. Any existing Medical or Ocular condition**

1. Glaucoma

2. Cataract

3. Refractive error

4. Diabetes mellitus

5. Hypertension

6. Others (Mention).....

7. Eye surgeries done and implants (Mention)

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**FOMU HII HAIUZWI INAPATIKANA KWENYE TOVUTI NA OFISI ZA LATRA**

**ii. EYE EXAMINATION**

SN.	TEST	Right Eye	Status	Left Eye	Status	Normal Values
1.	Uncorrected Visual Acuity (Metres)					6/12- 6/6
2.	Best corrected Visual Acuity(Metres)					6/12- 6/6
3.	Visual Field Test					90 degrees temporally
4.	Contrast Sensitivity Test					1.72- 1.92 Log Contrast
5.	Colour Vision Test					12 /14 Plates

**Examiner's comments** .....  
**Examiner's name**.....**Designation**.....  
**Qualification**.....**Date**.....**Signature**.....

**d. Hearing and speaking Examination**

i. Hearing test(AUDIOGRAM)

Test in Decibels	Findings
10-20	
21-40	
41-70	
71-90	
91 and above	

- ii. Any abnormality of the vestibular system, Yes/No
- iii. Any device(s) used for hearing Yes/No .....
- iv. Any history of chronic speech disorder Yes/No

**Examiner's comments** .....  
**Examiner's name**.....**Designation**.....  
**Qualification**.....**Date**.....**Signature**.....

**e. Social and mental history;**

- i. Any history of alcohol use Yes/No
- ii. Any history of smoking cigarettes Yes/No
- iii. Any history of drug abuse Yes/No
- iv. Any history of mental illness Yes/No
- v. Alcohol test.....
- vi. Mental Health examination; .....

**Examiner's comments** .....  
**Examiner's name**.....**Designation**.....  
**Qualification**.....**Date**.....**Signature**.....