

MEDICAL CERTIFICATE

MOTOR INSURANCE POLICY NO.

I certify that I have today examined _____ who, in my opinion, is suffering from no physical or mental disability which would of itself and regardless of any other consideration make it undesirable for him/her to drive a motor vehicle on the public highway. I have advised the Applicant accordingly.

Dated this _____ day of _____ A.D.,

Signature

Qualifications