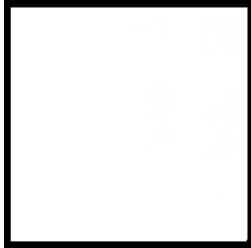


MEDICAL CERTIFICATE

For: Confirmation of validity of driving license

Class: A B C D E



It is hereby certified that Mr. /Mrs. /Ms. _____

born in _____ on _____

identification document _____ # _____

issued by _____ on _____

height (in meters) _____ weight (in Kg.) _____

The person mentioned above does not present symptoms of alcohol abuse, drugs or other psychotropic substances addiction or addiction to other substances that may otherwise alter his/her psycho-physical state.

He/she is not affected by conformation or somatic development abnormalities, as well as from physical or mental illnesses, organic defects, anatomical and/or functional impairments that can affect safe driving when operating those types of vehicles that are operable by his/her driver's license.

| He/she has | on the right eye | on the left eye |
|--------------------|-----------------------|--------------------------|
| by the naked eye | _____ | _____ |
| correct refractive | _____ | _____ |
| refractive degree | _____ | _____ |
| color sense | _____ | _____ |
| binocular vision | range of vision _____ | stereoscopic sense _____ |
| | | night vision _____ |

perceives the voice of conversation _____ with _____ (4) hearing aid _____ (4)
to the right at _____ m. without _____ binaural _____
to the left _____ m.

His/her reaction times to stimuli (measured in tenths)

| | | |
|------------------|-------------|------------------|
| Light stimuli | speed _____ | regularity _____ |
| Acoustic stimuli | speed _____ | regularity _____ |

As a result, it is decided that is: fit unfit for confirmation of validity of the driver's license

Observations (6) _____

(7) obligation of lenses while driving: YES NO if yes Glasses or Contact lenses

(7) obligation of hearing aid while driving: YES NO

Title and signature of the physician

Place of issuance: _____

Date of issuance: _____

- (1) Indicate, according to the case, the accomplishment, or the revision, or confirmation of validation
- (2) Mark the information that applies with an "X"
- (3) Applied photo dimensions 35x42 mm. Signed by the applicant and approved by the same doctor.
- (4) Cross out the word that does not apply
- (5) Indicate the license class for the option specified
- (6) Judgments deemed unsuitable must be adequately recorded and explained
- (7) Indicate yes or no