# MEDICAL CERTIFICATE FOR MOTOR VEHICLE DRIVER

**Old Mutual Insure Limited, Registration Number 1970/006619/06.**
**A licensed FSP and non-life insurer. (FSP12)**

Underwritten/ Administered by Frontline Underwriting Managers (Pty) Ltd
Vat No. 4350242386 Reg. No. 2008/005015/07
Authorised Financial Service Provider: FSP No. 40752

**This form has been provided so that your treating doctor, optometrist or ophthalmologist (if required) may provide their opinion as to whether or not you meet the medical and/or visual standard for driving a motor vehicle.**

**Part 1** of this form should be completed by you before giving the form to your treating doctor;
**Part 2** should be completed by your treating doctor after considering any report from a specialist, optometrist or ophthalmologist (if required);
**Part 3** should be completed by the treating optometrist/ophthalmologist if the vision or eye disorder is not rectified by wearing glasses or contact lenses (if required).

**Part 1 and 2 of this form must be completed in full**

## Part 1: Personal Details (TO BE COMPLETED BY THE DRIVER)

### 1.1 Personal Details

Name & Surname:
_____

Date of birth: _____/_____/_____ Male ☐ Female ☐ License Expiry Date: _____/_____/_____

Residential Address: _____

_____Postal Code: _____

### 1.2 What type of license do you currently hold?

Car ☐ LDV ☐ Truck ☐

### 1.3 Do you need to wear glasses or contact lenses for driving?

No ☐ Yes ☐

### 1.4. Drivers Declaration

I declare that the information given to my treating doctor, optometrist or ophthalmologist (if required) about my medical condition is, to the best of my knowledge, true and correct.

**Driver's signature** (sign in the presence of the medical doctor)

_____ Date: _____/_____/_____

## Part 2: Medical Assessment (TO BE COMPLETED BY MEDICAL DOCTOR)

### 2.1 Were you familiar with this person's medical history prior to this assessment?

No ☐ Yes ☐

### 2.2 How long has this person been treated at this medical practice?

_____weeks / _____months / _____years N/A ☐

**2.3 What is your assessment of this person's vision?**
**(Note: Do not complete if Part 3 has been completed by an optometrist or ophthalmologist)**

_____

**2.3.1 Visual Fields (confrontation to each eye)**

Normal ☐ Abnormal ☐

**2.4 Does this person need to wear glasses or contact lenses for driving?**
**(Note: Do not complete if Part 3 has been completed by an optometrist or ophthalmologist)**

No ☐ Yes ☐

**2.5 Does this person have any other vision or eye disorders?**
**(Note: Part 3 may be required to be completed if the disorder is not rectified by wearing glasses or contact lenses)**

No ☐ Yes ☐

**2.6 Does this person's medical condition require periodic review?**

No ☐ Yes ☐
**If yes, what is the review date:** _____

**Doctor's Details (please PRINT)**

**Name:** _____ **Telephone Number:** _____

**Address:** _____

_____

**Signature:** _____ **Date:** _____/_____/_____

**Part 3: Eyesight Assessment** (TO BE COMPLETED BY THE OPTOMETRIST OR OPHTHALMOLOGIST, IF NECESSARY)

**3.1 In my opinion, the person names in this report:**

**A** ☐ Meets the visual criteria for driving a motor vehicle

B ☐ Meets the visual criteria for driving a motor vehicle but requires regular eye tests

C ☐ Does not meet the visual criteria for driving a motor vehicle

**3.2 Does this person need to wear glasses or contact lenses for driving?**

No ☐ Yes ☐

**3.3 Further comments if any:**

_____

**Optometrist / Ophthalmologist's Details (please PRINT)**

**Name:** _____ **Telephone Number:** _____

**Address:** _____

_____

**Signature:** _____ **Date:** _____/_____/_____

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:
http://www.justice.gov.za/inforeg/index.html
Tel: 012 406 4818
Fax: 086 500 3351
Email: inforeg@justice.gov.za

To view our full privacy notice and to exercise your preferences, please visit our website on www.oldmutual.co.za