

# MEDICAL CERTIFICATE FOR MOTOR VEHICLE DRIVER



**FRONTLINE™**  
UNDERWRITING MANAGERS (PTY) LTD

Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386  
Compliance Officer: Moonstone Compliance  
Authorised Financial Service Provider – FSP No. 40752

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

## PRIVATE & CONFIDENTIAL

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, 2 and 3 of this form must be completed in full**

### PART 1: PERSONAL DETAILS (to be completed by the driver)

Name & Surname							
Date of birth		Gender	Male		Female		
ID Number							
Residential address:						Code:	
1.1	What type of license do you currently hold?	Car		LDV		Truck	
1.2	Vehicle Licence Expiry date						
1.3	<p><b>Drivers Declaration</b> 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.</p> <p><b>Driver's signature</b> (sign in the presence of the medical doctor)</p>						
	<b>SIGN:</b>	<b>DATE:</b>					

### PART 2: MEDICAL ASSESSMENT (Please tick the relevant boxes)

The purpose of this report is to establish whether the person named, being 70 years of age or older and still driving an insured vehicle, is both physically and mentally competent to do so.

1.	<b>Does the driver suffer from Hypertension?</b>	YES	NO
	Blood Pressure Reading - please provide	Reading:	
2.	<b>Does the driver suffer from any of the following Nervous System Disorders?</b>		
	Cerebro-vascular accidents	YES	NO
	Fainting episodes	YES	NO
	Peripheral Neuritis	YES	NO
	Paralysis Agitans	YES	NO
	Epilepsy	YES	NO
	Any other that may affect driving	YES	NO
3.	<b>Sight</b>		
	Glaucoma	YES	NO
	Macular Dysfunction	YES	NO
	Cataracts	YES	NO
	Any other defect of sight	YES	NO
4.	<b>Hearing</b>		
	Otitis Media	YES	NO
	Osteosclerosis	YES	NO
	Any other hearing defect	YES	NO

<b>Having examined the patient above, I would recommend that in my opinion this person:</b>		
<b>Is physically and mentally competent to drive a motor vehicle</b>	YES	NO
<b>Is required to wear glasses or contact lenses for driving</b>	YES	NO

<b>PART 3: DOCTORS DETAILS (please PRINT)</b>			
Date of Examination		Doctor Contact Number	
Examining Doctor			
I have known this patient since:			
<b>DOCTORS SIGNATURE:</b>			

**PLEASE NOTE THAT ANY COSTS INVOLVED ARE FOR THE INSURED'S ACCOUNT.  
PLEASE RETURN THE FORM MARKED AS PRIVATE & CONFIDENTIAL TO OUR OFFICES.**

**PRIVACY NOTICE - PROTECTION OF PERSONAL INFORMATION ACT ("POPIA")**

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

**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.

**YOUR rights**

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.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on:

<https://frontlineinsurance.co.za/popi/>