

OPTOMETRY MEDICAL CERTIFICATE

Name of applicant

Carlo Sanchez

List identification marks

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Does the applicant to the best of your judgment readily suffer from any defect of vision?

No

Can the applicant to the best of your judgment readily distinguish the pigmentary colors red and green?

Yes

In your opinion, is he/she able to distinguish with their eyesight at a distance of 25 meters in good daylight a car license plate?

No

In your opinion, does the applicant suffer from a degree of deafness that would prevent his/her from hearing the ordinary sound signals?

Yes

In your opinion, does the applicant suffer from night blindness?

No

Has the applicant any defect, deformity, or loss of member which would interfere with the efficient performance of his duties as a driver?

Yes

If so, provide details of any defects or deformities:

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Patient's blood type**Optometrist name**

Sicilia Romano

Signature