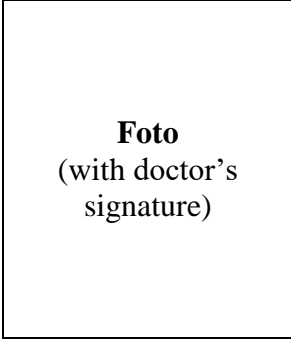




Embassy of Italy  
Manama



**Medical Examination Report**

for RENEWAL (1) for driving licence categories: A, B, C, D, E (2)

**Photograph to be signed by the applicant and certified by a medical doctor (3)**

It is hereby certified that Mr/Mrs .....  
place of birth ..... date of birth .....  
holder of passport n. ....issued at ..... on .....  
has a height of mt. .... and weight of Kg. ....

The applicant does not show any symptoms of alcohol abuse or to be dependent on drugs or any other substances that could alter his/her physical and psychological state.

The applicant does not have any physical or psychological handicaps, psychosomatic symptoms or physical deformities that could affect safe driving of vehicles, which he/her is qualified to drive.

**Vision/eyesight examination**

Natural visual acuity	right eye	left eye
Visual acuity with corrected refraction		
Grade/level of refraction		
Chromatic sense/level .....	field of vision .....	stereoscopic sense/level .....
Binocular field of vision .....	nocturnal field of vision .....	

The applicant hears conversational speech with/without (4) acoustic prothesis with one ear/both (4)

To the right ear at .....m to the left ear at .....m

The applicant reacts to simple stimuli (measured in .....)

Luminous stimuli ..... rapidity ..... regularity .....

Acoustic stimuli ..... rapidity ..... regularity .....

The applicant as a consequence of the above test results in qualify ..... is not qualify (4) for (1) ..... of the driving license categories (5).

Observation (6) .....

(7) compulsory use of lenses during driving

(7) compulsory use of acoustic device during driving

Report issued on .....

By (type of doctor, name, signature)