

MEDICAL FORM

REPUBLIC OF KENYA

MEDICAL ASSESSMENT CERTIFICATE FOR DRIVERS/PROSPECTIVE DRIVERS/DRIVING INSTRUCTORS

	Name				 		
	Sex	M	F	Age	 		
				License Class	 		
	Name o	f Hospit	al		 		
	County_				 		
SEC	ΓΙΟΝ A: `	VISUAL	ASSE	SMENT			
The a	pplicant v	isual con	dition i	s Suitable			Not suitable
Reaso	ons (if not	suitable)					
•••••					 		
Exam	nined By				 	•••	
Signa	ture			Date			
SECT	ION B: H	EARIN	G ASSI	ESSMENT			
The ap	plicant vis	sual cond	ition is	Suitable			Not suitable
Reasor	ns (if not s	uitable)					
Exami	ned By				 		
Signati	are			Date			

SECTION C: GENERAL BODY ASSSES	SSMENT		
The applicant general body condition is	Suitable		Not suitable
Reasons (if not suitable)			
Examined By			
Signature Date			
SECTION D: OVERALL REMARKS			
Meets the relevant medical crite			
☐ Does not meet the relevant medi	cal criteria - N	lot fit to drive	
Remarks			
	•••••	•••••	
Medical Practitioners Name			
Signature Date			
Official Stamp			

APPLICATION FORM FOR DRIVING INSTRUCTOR LICENSE



APPLICATION FOR DRIVING INSTRUCTOR LICENSE FORM

FOR OFFICIAL USE								
Application Number PART 1- APPLICANT (To be completed by applicant)								
Details of candidate								
Title: Surname:	Forename							
Address:	Post code Town							
Date of birth: E-mail address								
Mobile No								
Driving License No: Driving Categories	Date of issue							
B. CATEGORIES OF DR	IVING INSTRUCTOR LICENSE							
Test category (please tick th	ne type of vehicle you wish to be licensed to instruct)							
A1 (Moped max 50 cc)	A2 (Light motorcycle max 125 cc							
A3 (Heavy motorcycle exc	eeding 125 cc/ Motorcycle Taxi, Couriers and three-wheelers)							
B (Light vehicle max gross	weight 3500kgs)							
B Professional (Light vehic	le max gross weight 3500kgs)							
C1 (light truck with gross w	reight exceeding 3500 kg and max 7500)							
C (Heavy truck gross weight	exceeding 7,500 kg) CE (Heavy truck with trailer)							
CD (Heavy Goods Vehicle f exceeding 7,500 kg)	or Transportation of Hazardous Materials; Gross weight							

D1 (Light bus maximum 14 passengers in addition to Driver)								
D2 (Between 14-32 passengers)								
D3 (33 passengers and above)								
E (Special Professional Drivers' License)								
F (Special Drivers' License for Persons with Disability								
G (Construction, Industrial and agricultural vehicles)								
C. DECLARATION								
I declare that I have read all the answers I have given to the questions in this application and that the answers given by me are complete, true and correct in every detail.								
I understand that if I have stated anything that is false or misleading, the license granted to me as a result of this application will be absolutely void and have no legal effect whatsoever.								
I understand that I may be prosecuted for giving or stating facts or misleading information or documents.								
I also declare that the information I have given on my fitness to drive, is to the best of my knowledge, true and correct.								
Applicants' signature								
Date								