

[REGULATION 37 (7)] FORM MVA

NIGER STATE OF NIGERIA

APPLICANT DRIVER'S MEDICAL/PHYSICAL
EXAMINATION FORM

APPLICANT'S
RECENT PASSPORT
PHOTOGRAPH SIZE
30 X 25mm



APPLICANT'S NAME

(Surname) (Other Names)

SEX AGE

STATE

WEIGHT HEIGHT

DATE OF BIRTH

MEDICAL EXAMINATION

AUDITORY - HEARING ABILITY

GOOD FAIR POOR

MUSCULOSKELETAL - PHYSICAL APPEARANCE

POSTURE GOOD POOR

DEFORMITY UPPER LIMBS (NO. OF FINGERS)

LOWER LIMBS (NO. OF TOES & SHAPE OF FEET)

MENTAL STATE

FIT <input type="checkbox"/>	UNFIT <input type="checkbox"/>
STABLE <input type="checkbox"/>	UNSTABLE <input type="checkbox"/>
RATIONAL <input type="checkbox"/>	IRRATIONAL <input type="checkbox"/>

SUMMARY OF FINDING

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Name of Medical Officer

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Designation

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Signature Date Official Stamp