

For Office Use Only	Registration				

ID Card Number									

MEDICAL CERTIFICATE

This information must be filled by the doctor of person with disability

1. Disabled person's name
and surname _____

2. Disabled person's ID card number

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3. The disability/disabilities is/ are
(Tick ✓ as applicable)

- Physical
- Impaired Vision
- Intellectual
- Impaired Hearing
- Psychological

4. Tick ✓ which services/s is/are required

- Special ID Card
- Blue Badge
- Car Registration Tax Exemption
- Free Road Licence

5. Please give clear and accurate
diagnosis and details of disability and
how this is affecting the applicant in

Doctors' signature

Name and Surname (block letters)

Medical Registration Number

Date

his/her everyday life. The more detailed
the information given, the faster this
application can be processed.

6. The disability started:

- at birth
- when the person was ____ years old

7. Applicant can sign on own behalf

- Yes No

8. Does the disabled person have a
permanent mobility problem?

- Yes No

Notes:

- If you are presenting a certificate on a separate form or letter, you are kindly asked to fill information in 1, 2, 3, 4, 6, 7 & 8.

Official Stamp
(applications are not accepted without stamp)