



No. 40 Barrier Reef Drive, San Pedro Town, Ambergris Caye, Belize
T: +501 226-2198
E: traffic2@sanpedrotowncouncil.org

DRIVER LICENSE/ LEARNER'S PERMIT MEDICAL CERTIFICATE

Date: ____/____/____
DAY MONTH YEAR

PATIENT'S NAME: _____

AGE: _____

SEX (Circle): M / F

DATE OF BIRTH: ____/____/____
DAY MONTH YEAR

This is to certify that I have examined the above-named patient on the ____ day of _____, 20____ and confirm that their Physique, Vision, Hearing, Bodily & Mental Fitness are such as to qualify him/ her to hold a driver license/ learner's permit.

Certified by:

Medical Practitioner's name and stamp