BCIC
An affiliate of VM GROUP

Head Office	36 Duke St. Kingston	(876) 922-1260
Cross Roads	9 Caeldonia Ave. Kingston 5	(876) 948-1850, (876) 619-0640
Montego Bay	Shop 1, 29 Gloucester Avenue,	(876) 948-1900, (876) 619-0645
Ocho Rios	Unit #16, Eight Rivers Plaza, Ocho Rios Town Centre	(876) 948--1890, (876) 619-0644
New Kingston	53 Knutsford Boulevard, Kingston 5	(876) 948-1792, (876) 619-0641
Savanna-La-Mar	Shop # 2, Dunbar's River, Jamaica	(876) 948-1692, (876) 619-0646
Portmore	Shop #12, Big Buy Plaza, Trade Way Centre	(876) 948-1880, (876) 619-0643
Mandeville	Unit 19 Midway Mall, 17 Caledonia Road	(876) 948-1870; (876) 619-0642

MEDICAL INFORMATION FORM

PATIENT INFORMATION

Name of Insured: Address:

Date of Birth: | | | Gender: ☐ Male ☐ Female Weight: Height:

Day *Month* *Year*

PHYSICAL EXAMINATION

Respiratory:

Cardiovascular:

Genitourinary:

Gastrointestinal:

COORDINATION

	LEFT EYE	RIGHT EYE
Nystagmus:		
Pass Pointing:		
Gait:		

VISION

	LEFT EYE	RIGHT EYE
Vision with glasses:		
Vision without glasses:		
Visual fields:		
Colour Vision:		

NOTE:

Visual activity of at least 6/10 (ability to read 9cm (31/2") letters at 23m (25 yards) is required to drive a motor vehicle. Adequate field of vision (more than 120 degrees) is essential for the operation of a motor vehicle. Monocular vision does not disqualify an individual from operating a motor vehicle, provided that the field of vision on the runaway eye is good.

HEARING

Right Ear:	
Left Ear:	

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MEDICAL INFORMATION FORM

PHYSICAL EXAMINATION

Assessment of Neck Mobility:

Locomotion Disability:

Reaction Time:

MEDICAL HISTORY

Please tick any that apply:

- ☐ Diabetes Mellitus
- ☐ Angina Pectoris
- ☐ Twitching
- ☐ Hypertension
- ☐ Giddiness/Fainting
- ☐ Psychosis
- ☐ Stroke
- ☐ Epilepsy/Fits
- ☐ Alcoholism/Drug Abuse

Any other condition, which in your opinion, may affect the applicant's ability to safely operate a motor vehicle?

Please indicate any unfavourable feature(s) discovered on physical examination or in the history that you consider of importance in assessing risk.

In your opinion, do you consider the applicant to be medically fit to operate a motor vehicle? (If no, please elaborate):

I certify that I have made a thorough physical examination of the applicant and the answers that I have given are a true record of the examination.

Name of Medical Doctor: Signature: Date:

Address of Doctor: Tel#: