



General Accident Insurance Company (Ja.) Limited

58 Half Way Tree Road

Kingston 10

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MEDICAL DECLARATION

INSURED: _____ **POLICY #:** _____

ADDRESS: _____ **DATE OF BIRTH:** _____

HISTORY OF: **YES** **NO**

Heart problems

Diabetes Mellitus (Insulin / non-Insulin Dependent)

Giddiness / Fainting / Epilepsy (explain)

Any other condition, which in your opinion, may affect the
applicants ability to safely operate a motor vehicle

EXAMINATION:

Locomotion Disability: _____

Reaction Time: _____

Vision with glasses: _____

Without glasses: _____

Visual Fields: _____

Visual Acuity of at least 6/10 (ability to read 9cm (3 1/2 ") letters at 23m (25 yards) is required to operate (drive) a motor vehicle.

Adequate field of vision (more than 120⁰) 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 in the runaway eye is good.

Please indicate on any unfavourable features discovered on examination or history that you consider of importance to assessing the 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.

MEDICAL DOCTOR'S SIGNATURE: _____

MEDICAL DOCTOR'S NAME: _____

MEDICAL DOCTOR'S ADDRESS: _____

DATE: _____