



MPA
SINGAPORE

TO: Port Master

**MEDICAL REPORT FOR HOLDER OF POWERED PLEASURE CRAFT DRIVING
LICENCE/ADVANCED POWERED PLEASURE CRAFT DRIVING LICENCE**

Name of Applicant *Mr/Mdm/Miss : _____

*NRIC/Passport Number : _____

I have examined the aforesaid person and found his/her colour vision to be normal and able to read correctly down to **and** including Line 5(6/12).

The person passed the eyesight test ***with/without** visual aids.

From the clinical examination, I am of the opinion that the above person **is not** physically handicapped.

Name of Medical Officer
Stamp of Clinic

Signature of Medical Officer
Date

*Delete whichever is not applicable