

**MEDICAL CERTIFICATE  
FOR RENEWAL/DUPLICATE OF SRI LANKAN DRIVING LICENCE**

Details of the Applicant

Name .....

Date of Birth .....

Sri Lankan Passport Number .....

Present Address in the UK .....

Contact Number.....

I, the undersigned General Practitioner, Doctor of Medicine, hereby certify that this patient is registered at the practice indicated below and I have had access to the patient's medical records when undertaking this medical.

Recommendation

He/she is fit/not fit to drive vehicles.

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Signature of Medical Practitioner.....

Date.....

Name (Block Letters).....

**Please add address and telephone number of medical practice using official stamp**

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