

To: Director
Singapore Maritime Academy
c/o Singapore Polytechnic
500 Dover Road
Singapore 139651

Dear Sir / Mdm

**MEDICAL REPORT FOR CANDIDATES SITTING FOR THE MPA POWERED
PLEASURE CRAFT DRIVING LICENSE EXAMINATION**

1. I have examined Mr / Ms / Mdm / Miss _____

NRIC / PP No. _____ and found the aforesaid person's colour

Vision is normal and able to read down to and including line 5 (6/12).

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

Remarks: _____

Signature of Medical Officer

Name & Clinic Stamp

Endorsed Date [dd/mm/yyyy]