



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.

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Name of Medical Officer  
Stamp of Clinic

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Signature of Medical Officer  
Date

\*Delete whichever is not applicable