BAHAMAS FIRST GENERAL

Insurance Company Limited

MEDICAL CERTIFICATE

Insured:

Policy No.

I certify that I have today examined

who, in my opinion, is suffering from no physical or mental disability which would of itself and regardless of any other consideration make it undesirable for him/her to drive a motor vehicle on the public highway. I have advised the Applicant accordingly.

Signature: **Qualification:**

Name: **Dated:**