



For Office	Registration								
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ID Card Number										
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MEDICAL CERTIFICATE – BLUE BADGE APPLICATION

This information must be filled by the doctor of the person with disability.

Applicant’s name and surname: _____

Applicant’s ID card number: _____

Please give clear and accurate diagnosis and details of disability and how this is affecting the applicant in his/her everyday life. The more detailed the information given, the faster this application can be processed.

The disability/disabilities is/are:

Physical Impaired vision Impaired hearing
Intellectual Psychological

The disability started: At birth When the person was _____ years old

Applicant can sign on own behalf: Yes No

Does the person with disability have a permanent mobility problem: Yes No

Name and surname: _____

(in BLOCK letters)

Doctor's signature: _____

Medical registration number: _____

Official stamp:

Date: _____
