



CERTIFICATE OF EXEMPTION FROM COMPULSORY SEAT BELT WEARING

PLEASE KEEP THIS SAFELY,
THE POLICE MAY ASK TO SEE IT

Doctor's name:..... Patient's name:.....

Address..... Address.....

.....

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.....

In my opinion it is inadvisable on medical grounds
for this person to wear a seat belt.

Issued on:.....
and

Valid until:.....

Doctor's signature:.....