**Medical certificate certifying**

**use of child restraint or seat belt not required**

Having regard to the NZ Transport Agency’s *Medical Aspects* publication, I have assessed the individual named below, and certify that, in my opinion, it is impracticable or undesirable for medical reasons for that individual to be restrained by a Choose an item. for the duration of this certificate.

**Patient details**

Full name:

Date of birth:

Address:

Driver licence number:1:

**Certificate details**

Issue date:

Expiry date:2

**Health Practitioner details**

Name:

NZMC number:

Practice name:3

Practice address:3

Phone number:3

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1not required if the individual is unlicensed (e.g. a child).

2when determining an expiry date, consider the individual’s medical condition and the likely recovery period (if any).

3not required if these details are on the letterhead.