



སྐྱེན་རིགས་རྒྱུན་བཀོད་དབང་འཛིན།  
Drug Regulatory Authority  
Royal Government of Bhutan  
Thimphu, Bhutan; Post Box No. 1556



Form No: DRA/CP/MC/01

**Medical Fitness Certificate for Registration as a Competent Person for pharmacy shop.**

Passport photo of  
the applicant

Part I and Part II must be completed by the applicant

<b>Part I: Personal Information</b>	
Name:..... (BLOCK letters)	
Nationality: .....	Passport/Identity Card No:..... (mark ✓ )
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> Day/ Month/ Year	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Permanent address</b> Village:..... Gewog:..... Dzongkhag: ..... Dzongkhag: .....	<b>Present /Residential address:</b>
Contact no:	Email address:

<b>Part II: Medical History: (to be declared and signed by the applicant) Note :( mark ✓ )</b>								
Sl. No.		Yes	No		Sl. No.		Yes	No
1	Mental illness				2	Chronic Asthma		
3	Tuberculosis				4	Heart disease		
5	Hypertension				6	Diabetes mellitus		
7	Skin-chronic disease (wide spread eczema, psoriasis)				8	Hearing impairment		
9	Vision impairment				10	Epilepsy		
11	Addiction to alcohol or drugs							
12. Any other disease/ disorder that you are suffering from: .....								
I declare that all the information given above is correct and true. I also understand that I may be liable for action for actions by the concerned authority for providing false or misleading information.								
Signature of applicant: .....					Date: .....			
<b>Note: The applicant should inform Drug Regulatory Authority if he/she develops medical conditions that would hamper role of a Competent Person</b>								

PABX: +975-2-337074/337075, Fax: +975-2-335803. Drug Controller: 02-334271, Website:

[www.dra.gov.bt](http://www.dra.gov.bt)

Promoting availability of quality, safe and efficacious medicinal products for consumers.



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**Part III: Physical Examination: (to be completed by registered medical or health person only) Note: (mark ) ✓**

VISION		Normal	Abnormal	Brief details (if abnormal)
1	Blood pressure: ..... mm/Hg			
2	a) Visual acuity	Right eye		
		Left eye		
b)	Colour vision			
c)	Any organic eye disease (trachoma, cataract, glaucoma, etc.)			
3	Hearing- unable to hear ordinary conversation at 2 meters			
4	Speech disorder			
5	Intellectual ability			
6	Locomotor/ neurological disorder	a) Significant limb deformity		
		b) Limb movement and co-ordination		
7	Respiratory system			

**Part IV: Certification and Declaration**

I certify that I have examined the above person and found that:

<p><b>Vision</b> This person <b>FIT/ UNFIT</b> as a Competent Person (Vision (should be at least 6/12 in both eyes with or without glass))</p>	<p>Name of doctor: ..... (in BLOCK letter) signature of Doctor: ..... Date: ..... Name of hospital: ..... BHMC registration No.: ..... Contact No.: .....</p>
<p><b>Hearing and speech</b> This person <b>FIT/ UNFIT</b> as a Competent Person</p>	<p>Name of doctor: ..... (in BLOCK letter) signature of Doctor: ..... Date: ..... Name of hospital: ..... BHMC registration No.: ..... Contact No.: .....</p>

VERIFIED BY: Above person is ..... (**Fit/Unfit**) as the competent person based on above recommendations:

Name of doctor:

Seal of hospital:

(in BLOCK letter)

Signature of Doctor: ..... Date: .....

Name of hospital: .....

BHMC registration No.: ..... Contact No.: .....