

MEDICAL CERTIFICATION FORM - NEW APPLICATION
Medallion and For-Hire Operator license applicants
are required to have this form completed by a Licensed Physician

Medical Exam Requirement

- This form must be completed, signed and stamped by a licensed physician. No other form can be used or will be accepted.
- The date of the examination cannot be more than thirty (30) days prior to the date you submit your application.
- Copies, faxes and/or forms written in pencil and/or which appear to have been altered will NOT be accepted.

This is to certify that I have examined _____
(name of applicant)

the applicant for a NYC Taxi and Limousine Commission TLC Driver's License bearing application

number, _____ on _____, and based on my examination reported herein,
(TLC application number) (date of exam)

it is my opinion that s/he:

is medically fit to safely operate a TLC licensed vehicle.

is not medically fit to safely operate a TLC licensed vehicle.

If not, list disqualifying reasons:

Physician's Last Name, First Name

Physician's Signature

Number & Street (Mailing Address)

Physician's License #

City State Zip Code

State in which Physician is licensed

Phone# () _____ - _____

Official Stamp Required

THIS FORM MUST BE VALIDATED WITH AN OFFICIAL STAMP BY PHYSICIAN.