

APPLICATION FOR TAXI OR LIMOUSINE DRIVER=S LICENSE

STATEMENT OF PHYSICIAN EXAMINING APPLICANT

NAME OF APPLICANT_____

ADDRESS_____

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	YES	NO
1. Has the patient any evidence of disease of the heart or blood vessels?		
2. Has the applicant any indications of disease of the organs of respiration or their appendages?		
3. Are the functions of the brain and nervous system in a healthy state?		
4. Habits, use of stimulants, tobacco and narcotic drugs?		
5. Is the sight good?		
6. Is the hearing good?		
7. Has the brain or spinal cord ever been diseased?		

If the applicant has had any serious illness or injury, state expressly what effect, if any, is perceptible in the heart, lung, kidneys, or other abdominal organs, or the skin, eyes, ears, limbs, etc.

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This is to certify that I have examined_____, the applicant named in the within application and certify that, in my opinion, s/he is ___ is not___ mentally and physically fit to safely operate and drive a public taxicab or limousine.

Signature of Physician_____

Address_____

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Telephone No._____