

MEDICAL CERTIFICATION FORM

“Yellow” Taxicab applicants only are required to complete Medical Form

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

the applicant for a NYC Taxi and Limousine Commission TLC Driver’s License,

on _____, and based on my examination reported herein,
(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# () _____ - _____



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