

## 醫學證明表格—續約申請人

For-Hire Driver 執照的所有續約申請人必須在體檢後，請執業醫師完成此表格。不接受其他表格。

體檢時機： 體檢日期不能比 TLC 續約申請的提交日期早 90 天以上。

如何提交此表格： 您必須將此填寫完成的表格附在 TLC 網上申請中提交給 TLC。如果您已經提交了網上申請，您可以將此表格發送到 [renewdrivermr@tlc.nyc.gov](mailto:renewdrivermr@tlc.nyc.gov) 或郵寄到：  
NYC TLC Licensing and Standards Division, Attention: Driver Renewals  
31-00 47th Avenue, 3rd Floor Long Island City, NY 11101

提交表格時機： 如果您在執照到期前未將此表格提交給 TLC，您的執照續約將被拒絕。

如果您有任何疑問，請致電 718-391-5501 或瀏覽 TLC 的網站：[www.nyc.gov/tlc](http://www.nyc.gov/tlc)

FOR LICENSED PHYSICIAN' S USE ONLY:

I certify that I have examined \_\_\_\_\_,  
(name of applicant)

the applicant for a NYC Taxi & Limousine Commission Driver' s License Renewal bearing license  
number \_\_\_\_\_, on \_\_\_\_\_ .  
(TLC License #) (date of exam)

Based on this examination, 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.

Medically fit means that the applicant is of sound physical condition with good eyesight and no epilepsy, vertigo, heart trouble or any other infirmity of body or mind to the extent that it would render the applicant unfit for the safe operation of a licensed vehicle at all times of the day.

\_\_\_\_\_  
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 Number