

医学证明表格—新驾驶员申请人

TLC 驾驶执照申请人（执照勋章、路边揽客出租车以及约租车）必须在体检后让执业医师填妥此表格。
不接受其他表格。

体检时间： 体检日期不能比 TLC 申请的提交日期早 90 天以上。

如何提交此表格： 您必须将此填妥的表格附在 TLC 在线申请中提交给 TLC。如果您已经提交了在线申请，您必须访问 www.nyc.gov/tlcup 上传表格

提交此表格时间： 如果您在提交 TLC 申请后 90 天内未将此表格提交给 TLC，您的申请将被拒绝。

如果您有任何疑问，请访问我们的网站：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, on _____.
(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



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