Certificate of Medical Fitness
(Mobile Licensing)

City of Mississauga
Transportation and Works Department
Enforcement Division, Mobile Licensing
3235 Mavis Road, Ground Floor
Mississauga ON L5C 1T7
Telephone No. 905-615-4311
Fax No. 905-615-4486
www.mississauga.ca/enforcment

IMPORTANT NOTICE

This Certificate of Medical Fitness will not be accepted if not fully completed and/or if not signed by the examining physician. Return this Certificate with your completed Application.

Section One

To be completed by the applicant prior to visiting physician

Applicant's Name: Last	First	
Address: Street Number	Street Name	Apt./Unit #
City	Province	Postal Code
Home Phone #	Date of Birth (year/month/day)	

Section Two

To be completed by the examining physician

☐ **Drivers of Vehicles for Hire**
(Taxicab, AMTV, APTV, Limousine, Refreshment Vehicle)

This is to certify that I have examined the above mentioned person on _____ (YYYY MM DD)

I am of the medical opinion that ☐ he ☐ she is physically fit to operate a motor vehicle.

Dear Attending Physician:
Please ensure that your patient has completed ALL of Section One prior to you signing this document. Patient information cannot be added by the patient after the examination. Thank you.

If you have any questions, please do not hesitate to contact Mobile Licensing at 905-615-4311.

Examining Physician's Name _____

Address _____

Business Phone _____

Signature of Examining Physician

_____ (YYYY MM DD)

Section Three (for office use only)

Received	Staff Initials