

Taxi Driver's Medical Certification Form

City of Syracuse Form TA 106a (rev 03/14)

City of Syracuse
Department of Finance



TAXI DRIVER'S MEDICAL CERTIFICATION FORM

All applicants must submit a Taxicab Driver's Medical Certification Form with their license application. The examination and certification form must have been completed within three (3) years of the date of the submittal of the application.

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

the applicant for a Taxicab Driver's License for the City of Syracuse on _____,
(date)

and based on my examination reported herein, it is my opinion that the applicant is:

☐ medically fit to safely operate a Taxicab licensed by the City of Syracuse.

☐ NOT medically fit to safely operate a Taxicab licensed by the City of Syracuse.

If the examination indicates the applicant is not fit to operate a Taxicab licensed by the City of Syracuse, please, if possible, indicate the disqualifying reasons below.:

Applicant or Physician:

Please attach to this form any information you feel may be relevant to the opinion of the medical fitness of the applicant.

Physician's Last name, First Name.

Physician's Signature

Business (Mailing) address.

Physician's License # and State.

City, State, Zip

Telephone Number.

Section 25-19 (a) (3) Revised Ordinances
of the City of Syracuse.

Form must be validated with an official
stamp by Physician.