

Licensing and Standards Division 32-02 Queens Boulevard Long Island City, NY 11101-2324

Please visit our website for Staten Island office information

+1 718 391 5501 tel, www.nyc.gov/tlc

MEDICAL CERTIFICATION FORM Medallion (Yellow and Green Taxicab) applicants <u>only</u> are required to complete the 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 reaso	ons:
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Physician's Last Name, First Name

Number & Street (Mailing Address)

City

State Zip Code

Phone# ()_____-

Physician's Signature

Physician's License #

State in which Physician is licensed

Official Stamp Required

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