

**MEDICAL CERTIFICATION FORM**  
Medallion (Yellow and Green Taxicab) applicants only  
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 reasons:

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\_\_\_\_\_  
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# (    ) \_\_\_\_\_ - \_\_\_\_\_

Official Stamp Required

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