

TLC Medical Certification Form

Medical Exam Requirement

- This form must be completed, signed, and stamped by a licensed physician. No other form can be used or will be accepted.
- The date of the examination cannot be more than ninety (90) days prior to the date you submit your application.

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.

Physician's Last Name, First Name

Physician's Signature

Number & Street (Mailing Address)

Physician's License #

City State Zip Code

State in which the Physician is licensed

Phone# () _____ - _____

