

PHYSICIAN'S APPROVAL

I HEREBY CERTIFY THAT I HAVE EXAMINED _____
ON THIS DAY OF _____ 20_____ AND FOUND THAT HE/SHE IS
FREE OF ANY PHYSICAL CONDITION THAT MAY IMPAIR THE APPLICANT TO PERFORM HIS/HER
DUTY AS A VEHICLE FOR HIRE OPERATOR. FURTHER, I FIND THAT THE ABOVE LISTED
INDIVIDUAL IS FREE OF ANY INFECTIOUS, COMMUNICABLE DISEASES, MENTAL OR EMOTIONAL
INSTABILITY, AND INDICATES NO ADDICTION TO DRUGS OR ALCOHOL.

PHYSICIAN'S NAME (Please Print)

OFFICE NAME

PHYSICIAN'S SIGNATURE

OFFICE ADDRESS

DATE

OFFICE PHONE

(THIS FORM MUST BE COMPLETED BY AN AUTHORIZED AND LOCALLY LICENSED PHYSICIAN. IT IS REQUIRED FOR ALL VEHICLE FOR HIRE OPERATORS.)