

TAXI/LIMOUSINE DRIVER APPLICATION

MEDICAL REPORT

This is to certify that I have examined the following person, this date, and my findings are as follows:

Name _____ Address _____

Ears _____ Eyes _____

Hearing Right _____ Hearing Left _____

Vision Right _____ Vision Left _____

Vision with Glasses Right _____ Vision with Glasses Left _____

Chest _____ Heart _____ Lungs _____

Blood Pressure _____ Upper Extremities _____ Lower Extremities _____

If candidate shows or gives history of epilepsy, heart trouble, tuberculosis or vertigo, please so state and give details. _____

In my opinion, the applicant IS IS NOT (check one) physically capable of performing the duties of Taxi/Limousine Driver.

_____ M.D.

Date _____