



*City Of Raleigh*  
NORTH CAROLINA

CITY OF RALEIGH POLICE DEPARTMENT  
TAXICAB DRIVER'S APPLICATION

PHYSICIAN'S FORM FOR PHYSICAL

APPLICANT'S NAME: \_\_\_\_\_

NOTE TO PHYSICIAN: The person above is applying for a permit to drive a taxicab. Based on Section 12-2082(4) of the City of Raleigh Ordinance, the applicant must complete a physical examination.

Does the applicant have any known communicable disease?      Yes      No

If yes, explain: \_\_\_\_\_

Applicant's hearing condition:

\_\_\_\_\_ Right Ear      \_\_\_\_\_ Left Ear

Applicant's eyesight condition:

\_\_\_\_\_ Right Eye      \_\_\_\_\_ Left Eye

Corrected eyesight:

\_\_\_\_\_ Right Eye      \_\_\_\_\_ Left Eye      \_\_\_\_\_ Both Eye

This is to certify that I have examined the applicant herein named and certify that he/she is not afflicted with any physical or mental disability or physical affliction that would impair his/her ability to drive a taxicab.

If the physician is unable to certify as above, state below what physical or mental disorder the applicant possesses that renders him/her unable to qualify as a taxicab driver.

\_\_\_\_\_

Date

\_\_\_\_\_

Physician's Signature

(\*Please stamp Physician's office and address below signature)