



Medical Certificate of Health Taxi Driver

Driver's Information

Surname (Please print)	Given name(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent Address	Street and Number	Telephone Number
	City and Province	Postal Code

I hereby authorize the Municipality of Clarington to make any investigation regarding this application and authorize release of the records and information to the Municipality of Clarington provided such information is received and discussed confidentially.

Signature	Date
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Certification (must be signed by person licensed to practice medicine in Ontario)

At the time of this medical examination:

- Patient is free of communicable disease
- Patient is medically fit for the purposes of a Taxi Driver

I hereby certify that the information on this form is correct to the best of my knowledge.

Physician's Signature	Date
Physician's Name (Last, First, Middle) (Please print)	Telephone Number
Address	Postal Code

Personal information contained on this form is collected under the authority of the Municipal Act and will be used by the Municipality of Clarington in determining suitability for issuance of a licence. Questions about this collection should be directed to the Municipal Clerk, 40 Temperance Street, Bowmanville, Ontario, L1C 3A6, 905-623-3379.