The Philadelphia Parking Authority
Taxicab & Limousine Division
2415 S. Swanson Street
Philadelphia, PA 19148
Phone: 215-683-9895
TLDAdmin@philapark.org

Driver Medical History Form

Applicant's First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

This Section Must Be Filled Out By a Licensed Medical Provider

Date of Physical _____

Height _____ **Weight** _____ **Pulse** _____ **BP** _____/_____

Vision R 20/_____ L 20/_____ **Medications** _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
EYES (must specify if glasses are needed)		
HEARING		
MENTAL/EMOTIONAL		
REFLEXES		
APPEARANCE (must specify if prosthesis needed)		
DRUG/ALCOHOL		
OTHER:		

From your examination and review of applicant's HEALTH HISTORY does this person have any other condition that would prevent control of a motor vehicle? **Answer Below**.

_____.

I hereby certify that I have performed a comprehensive initial physical evaluation of the herein applicant, and, on the basis of such evaluation and the applicant's HEALTH HISTORY, certify that, except as specified above, the applicant is physically fit to perform the duties necessary to work as a taxicab or limousine driver.

AME's Name (print/type) _____ License # _____

Address: _____ _____ _____ _____ Phone: _____
Street City State Zip

Signature: _____ circle MD, DO, PAC, CRNP, or SNP