

Village of Ossining 2024 Certificate of Examination For Taxi Driver



In accordance with Chapter 244 "Taxicabs following Physical Exam was given to:	s" of the Ossining Village Code, Section 244-8, Medical Examination, the
Applicant's Name:	Applicant's Date of Birth:
Date of Medical Examination:	
Applicant's Name: Applicant's Date of Birth: ate of Medical Examination: This examination consisted of: Medical Examination Result Medical Examination Result	
Medical Examination F	<u>Result</u> <u>Medical Examination</u> <u>Result</u>
Ears	Musculoskeletal System
Eyes	Neurological System
Nose, Mouth, & Throat	Visual Testing
Cardiovascular System	Pulmonary Function
Respiratory System	Urinalysis
Gastrointestinal System	
I hereby certify that I have examined the a opinion that:	bove applicant for a taxicab driver in the Village of Ossining and it is m
☐ Applicant is not affected with a the applicant an unsafe or unsatis	ny disease or physical or mental condition or infirmity which might ma factory driver of a taxicab for hire.
☐ Applicant is affected with a dis applicant an unsafe or unsatisfact	ease or physical or mental condition or infirmity which might make the ory driver of a taxicab for hire
Physician Signature	Address:
Physician Name (Print)	Phone Number