

PUBLIC PASSENGER VEHICLE

REGIONAL LICENSING GROUP

ARLINGTON HEIGHTS, BUFFALO GROVE, DEERFIELD, ELK GROVE
MT PROSPECT, ROLLING MEADOWS, SCHAUMBURG

NEW CHAUFFEUR'S PHYSICAL FITNESS REPORT

Applicant's Last Name	First Name	Middle Initial
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Street Address

City	State	Zip
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Home Phone

STATEMENT OF PHYSICIAN

I certify, as a licensed medical Physician in the State of Illinois, that I have examined

printed name of applicant

*And in my judgment is physically capable of operating a public passenger vehicle
for hire.*

Printed Name of Physician	DEA Number
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Street Address

City	State	Zip
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Office Phone

Signature of Physician	Date of Examination
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