

Certificate of Medical Fitness

(Mobile Licensing)

Transportation and Works Department
Enforcement Division, Mobile Licensing
3235 Mavis Road, Ground Floor
Mississauga ON L5C 1T7
Telephone No. 905-615-4311
Fax No. 905-615-4486
www.mississauga.ca/enforcement



Personal information on this form is collected under the authority of sections 11, 150, 151, and 156 of the *Municipal Act 2001*, and City of Mississauga By-Law #420-04, as amended. The information will be used to license, regulate and govern owners and drivers of Taxicabs and the business of Taxicab Brokers and for the administration of the Public Vehicle Licensing Program. Questions regarding the collection of this information should be directed to the Manager, Mobile Licensing Enforcement, 905-615-4311 ext. 5648.

IMPORTANT NOTICE

This Certificate of Medical Fitness will not be accepted if not fully completed and/or if not signed by the examining physician. Return this Certificate with your completed Application.

Section One

To be completed by the applicant prior to visiting physician

Applicant's Name: Last		First	
Address: Street Number	Street Name		Apt./Unit #
City	Province		Postal Code
Home Phone #		Date of Birth (year/month/day)	

Section Two

To be completed by the examining physician

- ☐ **Drivers of Vehicles for Hire**
(Taxicab, AMTV, APTV, Limousine, Refreshment Vehicle)

This is to certify that I have examined the above mentioned person on

Y	Y	Y	Y

M	M

D	D

I am of the medical opinion that ☐ he ☐ she is medically free from any communicable diseases.

I am of the medical opinion that ☐ he ☐ she is physically fit to operate a motor vehicle.

Dear Attending Physician:

Please ensure that your patient has completed ALL of Section One prior to you signing this document. Patient information cannot be added by the patient after the examination. Thank you.

If you have any questions, please do not hesitate to contact Mobile Licensing at 905-615-4311.

Signature of Examining Physician

Examining Physician's Name _____

Address _____

Business Phone _____

Y	Y	Y	Y

M	M

D	D

Section Three (For Office Use Only)

Received

Staff Initials