



CITY OF NEW ORLEANS

Mitchell J. Landrieu, Mayor

CITY OF NEW ORLEANS
TAXICAB AND FOR HIRE VEHICLE BUREAU
MEDICAL FORM

IMPORTANT: This form must be completed by a licensed medical physician to determine if an applicant is physically fit to operate a pedicab.

PART I: INFORMATION (to be completed by applicant)

Name: _____ Date: _____

Sex: M / F Age: _____ Date of Birth: _____ Telephone: _____

Company Name: _____

Family Doctor: _____ Telephone Number: _____

Part II: MEDICAL HISTORY (to be completed by applicant)

Circle and explain all "yes" answers below

- 1. Have a medical problem or injury since your last evaluation?YES NO
2. Ever been restricted from physical activity?.....YES NO
3. Passed out or felt dizzy during or after physical exertion?.....YES NO
4. Ever had a seizure?.....YES NO
5. Have any problems with vision?.....YES NO
6. Have any problems with hearing?.....YES NO

Please explain all "yes" answers from above: _____

I affirm that the information given on this form is true and correct:

Signature of Applicant _____ Date: _____

PART III: PHYSICAL (to be completed by licensed physician)

Height	Weight
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System	Normal	Abnormal	Comments
Heart			
Lungs			
Hearing			
Neck			
Back			
Knees			
Ankles			
Feet			

Eyes	Right	20/	Left	20/	Corrected?	YES	/	NO
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Clearance: _____ A. Cleared
 _____ B. Cleared after further evaluation/treatment
 _____ C. Not cleared - Reason _____

RECOMMENDATIONS: _____

Name of Physician: _____ Date: _____
 (Print)

Address: _____ Telephone: _____

Signature of Physician: _____