



City of Memphis  
Permit Department  
2714 Union Ave. Ext. Ste. 200  
Memphis, TN 38112  
901-636-6711

## Vehicle for Hire Driver's Physical Examination

Date of Exam: \_\_\_\_\_ 2010

To Examining Physicians: The evaluation is requested to assess the applicant's ability to fulfill the minimum requirements of driving people for hire. It is in the best interest of the applicant, the City of Memphis and the State of Tennessee.

Name of Driver: \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_

Height: \_\_\_\_ Weight: \_\_\_\_

Hearing: Right ear \_\_\_\_\_ Left ear \_\_\_\_\_ Discharge \_\_\_\_\_

Nose: \_\_\_\_\_ Hands: \_\_\_\_\_

Lungs: Check for asthma, tuberculosis, bronchitis

Remarks: \_\_\_\_\_

Eyesight:

Left \_\_\_\_/\_\_\_\_ Right \_\_\_\_/\_\_\_\_ Both \_\_\_\_/\_\_\_\_

Heart: Cardio-Vascular System

Blood Pressure \_\_\_\_/\_\_\_\_ Systolic \_\_\_\_ Diastolic \_\_\_\_

Bone and Joint: \_\_\_\_\_

Neurotic Tendencies: \_\_\_\_\_

Length of time you have treated patient: \_\_\_\_\_

Signature of Driver: \_\_\_\_\_

I HEREBY CERTIFY THAT THIS IS A TRUE RECORD OF THE MEDICAL EXAMINATION OF THE ABOVE APPLICANT AND THE DRIVER IS NOT DISABLED BY REASON OF DEFECT OF SIGHT, HEARING, OR BODY LIMB FROM SAFELY OPERATING A MOTOR VEHICLE AND INDICATING ANY AND ALL PHYSICAL AND MENTAL CONDITIONS FOR WHICH TREATMENT HAS BEEN RENDERED AND THOSE FOR WHICH THE DRIVER CONTINUE TO RECEIVE TREATMENT.

\*\*\*\*Physical must be located in the State of Tennessee\*\*\*\*

Medical Examiner: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Rev. 3/2010

