

City of Chicago

Business Affairs and Consumer Protection

Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608 312-746-4200 · BACPPV@CITYOFCHICAGO.ORG · WWW.CITYOFCHICAGO.ORG/BACP

PHYSICAL EXAMINATION CERTIFICATION FORM (JANUARY 22, 2014)

▶ The most current version of this form is available at www.cityofchicago.org/bacp and must be signed by an Illinois licensed physician. All fields marked with an asterisk (*) must be completed. Outdated, incomplete, edited (erased, crossed out, or whited out text) forms will not be accepted.

kc:		First Name		Middle Initial	
Social _ ecurity #		*Chauffeur License #			
, an applicant for a public chauffeur lic o release my medical records (medical					
Applicant Signature:		*Date:			
 The healthcare provider must confirm Complete physical exam TB screening (Ask TB screening question TB. If no risk factors identified, no need indicated. The health care provider must testing and diagnosis at www.cdc.gov/tb/4 Vision screening (must demonstrate demonstrate) Auditory screening (must be able to fire or without the use of a hearing aid or if better ear greater than 40 decibels at 50 http://www.fmcsa.dot.gov/rules-regulation 	ons regarding symptoms, in for additional testing. If ris t assess for evidence of actib/topic/testing/default.htm# at least 20/40 in the besirst perceive a forced whispertested by use of an audiom 00 Hz, 1,000 Hz and 2,000 I	nmunosuppression, tra k factors are identified, ve TB if the TST or IGI who.) st eye, with or withousered voice in the better etric device, does not led with or without a he	vel, and contact perform a TST RA is positive. F ut correction) ear at not less have an average earing aid. Refe	or IGRA, as Reference for TB than five feet will he hearing loss in	
he statement number and (2) listing to I certify that a public passenger vehicle based upon	he applicant's name o	n the applicable li	ne.		
and screenings.					
and screenings.		IS NOT capab al opinion and the			
and screenings.I certify thatoperating a public passenger vehicle	based upon my medic		results of th	e above listed	
 and screenings. I certify that	e based upon my medic	al opinion and the	results of th	e above listed	

*Date Signed

*Signature of above listed Illinois Licensed Physician