



Dipåtamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guáhan

LOURDES A. LEON GUERRERO, Governor *Maga'hága*
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DAFNE MANSAPIT SHIMIZU, Director
Direktot
MARIE LIZAMA, Deputy Director
Sigundo Direktot

TO: TaxiCab Driver's License Applicants

Section 22141.5(F) of the Taxicab Regulations require that you pass a test determining that you are free of tuberculosis.

Take this form to a physician of your choice for the appropriate test and return the completed form to the Department of Revenue and Taxation, Weights and Measures Branch.

Last Name

First

Middle Initial

Date of Birth _____ Sex _____ Ethnicity _____

Driver's ID No. _____ Medical Certificate Expiration Date _____

I hereby certify that I have examined the above-named individual, and at the time of such examination, have found:

_____ No signs of Tuberculosis

_____ That the test(s) given for Tuberculosis (PPD and/or Chest X-Ray) are positive and the person has been referred to the Communicable Disease Control Program at the Department of Public Health and Social Services for Evaluation.

Physician's Name (print)

Physician's Signature

Date

Clinic's Address: _____
