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Dipåttamenton Kontribusion yan Adu'ånå
DEPARTMENT OF
REVENUE AND TAXATION
GOVERNMENT OF GUAM Gubetnamenton Guåhan

EDDIE BAZA CALVO, Governor Maga'låhi
RAY TENORIO, Lt. Governor Tiñente Gubetnadot

JOHN P. CAMACHO, Director
MARIE M. BENITO, Deputy Director
Segundo, 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.

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Last Name First Middle Initial

Date of Birth_____ Sex_____ Ethnicity_____

Driver's ID No._____ Medical Certificate Expiration Date_____

I heareby 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 Addresss:_____

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