

**Baltimore City Health Department Division of Aging & CARE Services**



**TaxiCard Program**  
1501 Sulgrave Avenue, Suite 200  
Baltimore, Maryland 21209  
Phone: 410-664-1123 Fax: 410-664-4018

**TaxiCard® Registration Form**  
**PHYSICIAN'S STATEMENT**

This form must be completed for all **applicants with disability under 60 years of age.**

I hereby certify and affirm that \_\_\_\_\_ has the following  
(Applicant's Name)  
disability which severely limits mobility:

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Applicant mobilizes with the use of:

\_\_\_\_\_ Cane                                      \_\_\_\_\_ Walker  
\_\_\_\_\_ Wheelchair at all times              \_\_\_\_\_ Wheelchair occasionally

\_\_\_\_\_  
Doctor's Name (Printed)

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Office Street Address              Suite

\_\_\_\_\_  
City              State      Zip code

\_\_\_\_\_  
Office Telephone Number

\_\_\_\_\_  
Office Fax Number

\_\_\_\_\_  
Type of Doctor (Licensed Physician, Licensed Chiropractor, Licensed Podiatrist, Licensed Optometrist)

\_\_\_\_\_  
Medical License Number              State of Issue      Expiration Date

Neither the services nor the use of the Baltimore City Health Department Aging & CARE Services facilities are denied to any person on the basis of race, color religion, national origin, ancestry, sexual orientation, gender or disability.

