

Baltimore City Health Department Division of Aging & CARE Services



TaxiCard Program
 6300 Blair Hill Lane, Suite 301
 Baltimore, MD 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:

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.