



Tour Guide Class-A Physician's Certificate

To the best of the physician's knowledge and belief, the applicant is of sound physique, with good eyesight (at least 20/40 vision with or without correction), and hearing in both ears; not subject to epilepsy, vertigo, or heart trouble; free from any contagious or infectious disease; and not a drunkard or addicted to the use of habit – forming drugs.

This is to certify that I have examined the applicant named hereon and find the applicant to meet physically the qualifying medical conditions as described above and prescribed by District of Columbia Municipal Regulations Title 19 Chapter 12.

Physician's Name: _____ License Number _____ State _____

Physician's Signature: _____ Phone Number: (_____) _____

Date: _____

Applicant: _____, having been duly sworn, deposes and says that they are the individual making application for a tour guide license and that the answers, submissions and other statements contained in the application are true.

Subscribed and sworn to before me the _____ day of _____, 20_____

Seal

Notary Public: _____

Commission Information: _____