



Medical Certificate of Health
Designated Driver

Municipal Law Enforcement and Licensing
50 Centre Street South
Oshawa, ON L1H 3Z7

Please Print

Designated Driver's Information

Last Name | First Name(s)

Current Address (including City and Postal Code)

Phone | E-mail | Male | Female

I hereby authorize the City of Oshawa to make any investigation regarding this application and authorize release of the records and information to the City of Oshawa, provided such information is received and discussed confidentially.

Signature | Date

Certification (must be signed by person licensed to practice medicine in Ontario)

- I have examined the individual noted above.
Patient appears free of communicable disease.
Patient appears to be medically and mentally fit for the purposes of a Designated Driver.

I hereby certify that the information on this form is correct to the best of my knowledge.

Physician's Signature | Date

Physician's Name (Last, First, Middle) (Please print) | Phone

Address (including City and Postal Code)

Personal information contained on this form is collected under the authority of Part IV and Section 11 of the Municipal Act, 2001 and will be used for administering the Licensing and Municipal Law Enforcement process. Questions concerning collection of personal information should be directed to the City of Oshawa's Freedom of Information and Privacy Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or 905-436-3311.