



## PEDDLER'S / SOLICITOR'S MEDICAL CERTIFICATE



APPLICANT INFORMATION			
*Last Name	*First	M.I.	Date
*Home Address		Apartment #	
City	State	Zip Code	
*Work Address		Suite#	
City	State	Zip Code	
*Date of Birth	Driver License #	Cell Phone #	

Pursuant to the South San Francisco Municipal Code, each person who submits an application to participate as a peddler or solicitor shall submit an up-to-date medical certificate (not more than ten days old), issued by a licensed physician and establishing that neither the applicant nor any of the persons intended to be employed by him or her for the purpose of soliciting within the city, including any and all partners, agents, servants, or crew members, is afflicted with a communicable disease of any type or description; each person so afflicted shall be denied a license or permit until such time as he or she shall present a medical certificate showing him or her to be free from any such communicable disease (SSFMC 6.16.110(e)(2)).

PHYSICIAN INFORMATION (To be completed by physician)		
*Last Name	*First	
Practice / Hospital / Medical Facility Name		
Address		
City	State	Zip Code
Office Phone Number		

EXAMINATION INFORMATION (To be completed by physician)		
Date of Examination	Location	
City	State	Zip Code

I have examined the listed individual and he/she is free of communicable diseases of any type:

Yes       No

Physician's Signature	Date	Name (print)
-----------------------	------	--------------



## PEDDLER'S / SOLICITOR'S MEDICAL CERTIFICATE



### Instructions to Applicant

1. Complete the “**Applicant Information**” portion of the Medical Certificate form
2. Obtain a physical examination by a licensed physician
3. Provide the physician with **the form and a self address stamped envelope** addressed as follows:

**South San Francisco Police Department  
Community Relations Division  
33 Arroyo Drive, Suite C  
So. San Francisco, CA 94080**

4. **Do not retain the signed Medical Certificate.** Instruct the physician’s office to mail the signed form to the above address

### Instructions to the Physician’s Office

1. Complete the “Physician Information” and “Examination Information” portions of the Medical Certificate form
2. Sign and date the Medical Certificate form
3. Mail the completed form back to the So. San Francisco Police Department at the above address, in the provided envelope