DOT MEDICAL CERTIFICATE

West Virginia dmv
Keeping West Virginia on the move.

I certify I have examined: _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.49) and with knowledge of the driving duties, I find this person qualified, and if applicable, only when:

- ☐ Wearing corrective lenses
- ☐ Wearing a hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Driving with an exempt intercity zone (49 CFR 391.62)
- ☐ Accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ Qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE

MEDICAL EXAMINER'S NAME (PRINT)

☐ MD ☐ DO ☐ PA ☐ DC ☐ APN

MEDICAL EXAMINER'S CERTIFICATE NUMBER / AND ISSUING STATE	DOT MEDICAL CERTIFICATE EXPIRATION DATE

SIGNATURE OF DRIVER	DRIVER'S LICENSE NUMBER

ISSUING STATE	DRIVER'S PHONE NUMBER

CDL MEDICAL CARD REV 02/11

THIS CARD IS NOT FOR RESALE.