



OFFICE OF THE SECRETARY OF STATE  
DRIVER SERVICES DEPARTMENT

www.cyberdriveillinois.com

**MEDICAL EXAMINER'S CERTIFICATE**

**Print or type only. This certificate will be rejected if the information is incomplete or illegible.**

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49), and with knowledge of the driving duties I find this person is qualified and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a \_\_\_\_\_ waiver/exemption
- driving within an exempt intra city 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)		<input type="checkbox"/> MD	<input type="checkbox"/> CHIROPRACTOR		
		<input type="checkbox"/> DO	<input type="checkbox"/> ADVANCED PRACTICE NURSE		
		<input type="checkbox"/> (PA) PHYSICIAN ASSISTANT	<input type="checkbox"/> OTHER PRACTITIONER		
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER/ISSUING STATE		NATIONAL REGISTRY			
SIGNATURE OF DRIVER		INTRASTATE ONLY	CDL	DRIVER'S LICENSE NO.	STATE
		<input type="checkbox"/> YES	<input type="checkbox"/> YES		
		<input type="checkbox"/> NO	<input type="checkbox"/> NO		
ADDRESS OF DRIVER					
MEDICAL CERTIFICATION EXPIRATION DATE					

**Driver must self-certify by marking one of the boxes below:**

- Non-excepted Interstate** – [NI] Operates or expects to operate in interstate commerce and is both subject to and meets the requirements under (49 CFR Part 391).
- Excepted Interstate** – [EI] Operates or expects to operate in interstate commerce, but engaged exclusively in transportation or operations excepted (school bus operations, federal and state employees, transportation of personal property, transportation of human corpses or sick and injured persons, operation of fire trucks and rescue vehicles while involved in emergency and related operations).

**Non-excepted Intrastate** – [NA] Operates only in intrastate commerce and, therefore, is subject to state driver qualification requirements. To select this category you must visit a CDL facility to have a "K" restriction places on your CDL.

**Excepted Intrastate** – [EA] Operates in intrastate commerce, but engages exclusively in transportation or operation excepted from all or parts of the state driver qualification requirements. To select this category you must visit a CDL facility to have a "K" restriction places on your CDL.

**Under penalties of perjury, I swear or affirm that all information submitted by me regarding this Medical Examiner's Certificate is true and accurate.**

Driver's Signature

Date