

2 Examples of the most commonly submitted medical examiner's certificates

Example 1 – a one part medical examiner's certificate

MEDICAL EXAMINER'S CERTIFICATE		
<p>(A)</p> <p>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:</p>		
<p>(B)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> wearing corrective lenses <input type="checkbox"/> wearing hearing aid <input type="checkbox"/> accompanied by a _____ waiver/exemption* </div> <div> <input type="checkbox"/> driving with an exempt intracity zone (49 CFR 391.62)** <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)* <input type="checkbox"/> qualified by operation of 49 CFR 391.64** </div> </div>		
Signature of Medical Examiner (C)	Telephone (D)	Date (E)
Medical Examiner's Name (Print) (F)	<p>(G)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Advance Practice Nurse </div>	
Medical Examiner's License Certificate No./Issuing State (H)		
Signature of Driver (I)	Driver's License NO. (J)	State (K)
Address of Driver (L)		
Medical Certificate Expiration Date (M)		

Example 2 – a two part medical examiner's certificate – both parts must be submitted to be valid

MEDICAL EXAMINER'S CERTIFICATE	
<p>(A)</p> <p>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:</p>	
<p>(B)</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> wearing corrective lenses <input type="checkbox"/> wearing hearing aid <input type="checkbox"/> accompanied by a _____ waiver/exemption* </div> <div> <input type="checkbox"/> driving with an exempt intracity zone (49 CFR 391.62)** <input type="checkbox"/> accompanied by a Skills Performance Evaluation Certificate (SPE)* <input type="checkbox"/> qualified by operation of 49 CFR 391.64** </div> </div>	
<p>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.</p>	
Medical Examiner Signature (C)	Date (E)
Medical Examiner Name (Print) (F)	<p>(G)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Advance Practice Nurse </div>
Medical Examiner License or Certification No./Issuing State (H)	
Phone No. (D)	
Driver Signature (I)	
Driver Address (L)	
Driver License No (J)	<div style="display: flex; justify-content: space-between;"> <div>State (K)</div> <div>Medical Certification Expiration Date (M)</div> </div>

(A) - CDL holder's name

(B) – medical examiner's certificate must include all 6 boxes to be valid

*if checked, submit waiver/exemption or SPE along with the medical examiner's certificate

**if checked, medical examiner's certificate can only be valid for 1 year from the examination date

(C) - medical examiner who completes the exam must sign

(C) – must have medical examiner's complete telephone number, including area code

(E) – date of the examination

(F) – medical examiner's name must be legible

(G) – indicates the type of medical examiner who performed the examination, one box must be checked

(H) – must be legible and complete

(I), (J), (K) and (L) – to be completed by the CDL holder

(M) – cannot be valid for more than 2 year from the examination date

All fields must be legible and completed by the appropriate person