

Medical Examiner's Certification Integration Final Rule

Impact on Certified Medical Examiners

2015

April 23, 2015:

FMCSA published the Medical Examiner's Certification Integration final rule.

June 22, 2015:

No Exams Conducted

Medical Examiners (MEs) must report to FMCSA, by close of business on the last day of the month, whenever the ME does not complete any examinations during that month.

Driver Examination Forms

MEs are required to continue to use the Medical Examination Report Form and Medical Examiner's Certificate as found on the FMCSA website until December 22, 2015.

Provide Driver with Medical Examiner's Certificate

MEs are required to continue to provide medically qualified commercial motor vehicle (CMV) drivers with a paper copy of the Medical Examiner's Certificate.

Beginning December 22, 2015:

Revised Driver Examination Forms

MEs are required to use the revised driver examination forms accessible from the National Registry and FMCSA websites:

- Medical Examination Report (MER) Form, MCSA-5875
- Medical Examiner's Certificate (MEC), Form MCSA-5876

Results of examinations conducted on or after December 22, 2015 must be reported using the revised electronic CMV Driver Medical Examination Results Form, MCSA-5850. When entering results of examinations conducted on or after December 22, 2015, the National Registry system will automatically present the ME with the revised version of the CMV Driver Medical Examination Results Form, MCSA-5850.

Provide Driver with MEC

MEs are required to provide medically qualified CMV drivers with a paper copy of the MEC, Form MCSA-5876 so that Commercial Learner's Permit (CLP)/Commercial Driver's License (CDL) applicants/holders are able to provide a copy to the State Driver's Licensing Agency (SDLA), and the non-CDL drivers are able to provide the documentation to their employers and Federal and State enforcement officials.

Determination Pending

The determination pending status allows the ME up to 45 days to obtain additional medical information and/or examination results in order to make a determination as to whether or not the driver is physically qualified to drive a CMV in accordance with § 391.41(b). If used the ME is required to inform the driver that:

- Additional information must be provided or further examination must be completed within 45 days.
- The Determination Pending status will be reported to FMCSA.

The driver may continue to operate a CMV if he/she has a current valid MEC.

If the requested information and examination results are not completed and provided to the ME within 45 days:

- The examination will no longer be valid.
- The driver is required to obtain a new examination in order to obtain a MEC, Form 5876.

2016

2017

2018

Beginning June 22, 2018:

Electronic Notification of Medical Qualification to SDLAs

The MEC information for CLP/CDL applicants/holders will be electronically transmitted from the National Registry system to the SDLA, eliminating the need to issue a paper MEC to those drivers.

- MEs will still be required to provide the MEC, Form MCSA-5876 to non-CDL drivers and requesting employers, as currently required.

Daily Reporting

MEs are required to report results of each interstate CMV driver's physical examination, including the results of examinations where the driver was found not to be qualified, to FMCSA by midnight local time of the next calendar day following the examination.

- Includes all CMV drivers (CLP/CDL and Non-CLP/CDL) who are required to be medically certified to operate in interstate commerce.
- For intrastate drivers in States that allow variances, the ME may transmit information about examinations performed in accordance with the Federal Motor Carrier Safety Regulations (FMCSRs) with any applicable State variances.

Not Medically Qualified

If the ME determines that the driver is not physically qualified to operate a CMV in accordance with § 391.41(b), the ME must:

- Inform the person examined of the determination.
- Inform the person examined that this information will be reported to FMCSA.

All MECs previously issued to the driver are invalid and no longer satisfy the requirements of § 391.41(a).

FMCSA will transmit this report to the SDLA.

The driver will be required to be medically examined and certified before operating a CMV.

**NATIONAL
REGISTRY
OF CERTIFIED
MEDICAL EXAMINERS**

Medical Examiner's Certification Integration Final Rule Changes that Impact Certified Medical Examiners

On April 23, 2015, the Federal Motor Carrier Safety Administration (FMCSA) published the Medical Examiner's Certification Integration final rule which was a follow-on rule to both the National Registry final rule and the Medical Certification Requirements as Part of the Commercial Driver's License final rule. Below is a summary of the changes that will impact Certified Medical Examiners (MEs) listed on the National Registry:

June 22, 2015

No exams conducted - Certified MEs are now required to report to FMCSA, by close of business on the last day of the month, whenever the ME does not complete any examinations during that month.

Driver Examination Forms - Certified MEs are required to continue to use the Medical Examination Report (MER) Form and Medical Examiner's Certificate (MEC) as found on the FMCSA website at <http://www.fmcsa.dot.gov/medical/driver-medical-requirements/medical-applications-and-forms>. Certified MEs are required to continue to provide medically qualified commercial motor vehicle (CMV) drivers with a paper copy of the MEC. These forms are in effect until **December 22, 2015**.

Examinations conducted up to December 22, 2015

Certified MEs are required to continue to use the current *CMV Driver Medical Examination Results Form, MCSA-5850* when entering results for examinations conducted **prior to December 22, 2015**. Therefore, the National Registry system will automatically present the ME with the current version of the *CMV Driver Medical Examination Results Form, MCSA-5850*.

December 22, 2015

Revised Driver Examination Forms - MEs are required to use the revised driver examination forms accessible from the FMCSA and National Registry websites:

- *Medical Examination Report (MER) Form, MCSA-5875*
- *Medical Examiner's Certificate (MEC), Form MCSA-5876*

Results of examinations conducted on or after **December 22, 2015** must be reported using the revised electronic *CMV Driver Medical Examination Results Form, MCSA-5850*. Therefore, when entering results for examinations conducted on or after **December 22, 2015**, the National Registry system will automatically present the ME with the revised version of the *CMV Driver Medical Examination Results Form, MCSA-5850*.

Provide Driver with MEC - MEs are required to provide medically qualified CMV drivers with a paper copy of the MEC, Form MCSA-5876 so that Commercial Learner's Permit (CLP)/Commercial Driver's License (CDL) Applicants/holders are able to provide a copy to the State Driver's Licensing Agency (SDLA), and the non-CDL drivers are able to provide the documentation to their employers and Federal and State enforcement officials.

Determination Pending - The determination pending status allows the ME up to 45 days to obtain additional medical information and/or examination results in order to make a determination as to whether

or not the driver is physically qualified to drive a CMV in accordance with § 391.41(b). If used the ME is required to inform the driver that:

- The additional requested information and examination results must be provided to the ME within 45 days.
- The Determination Pending status will be reported to FMCSA.

The driver may continue to operate a CMV if he/she has a current valid MEC. If the requested information and examination results are not completed and provided to the ME within 45 days:

- The examination will no longer be valid.
- The driver is required to obtain a new examination in order to obtain a MEC, Form 5876.

June 22, 2018

Electronic Notification of Medical Qualification to SDLAs - The MEC information for CLP/CDL applicants/holders will be electronically transmitted from the National Registry system to the SDLA, eliminating the need to issue a paper MEC to those drivers.

- MEs will still be required to provide the MEC, Form MCSA-5876 to non-CDL drivers and requesting employers, as currently required.

Daily Reporting - MEs are required to report results of each interstate CMV driver's physical examination, including the results of examinations where the driver was found not to be qualified, to FMCSA by midnight local time of the next calendar day following the examination.

- This requirement includes all CMV drivers (CLP/CDL and Non-CLP/CDL) who are required to be medically certified to operate in interstate commerce.
- For intrastate drivers in States that allow variances, the ME may transmit any information about examinations performed in accordance with the Federal Motor Carrier Safety Regulations (FMCSRs) with any applicable State variances.

Not Medically Qualified - If the ME determines that the driver is not physically qualified to operate a CMV in accordance with § 391.41(b), the ME must:

- Inform the person examined of the determination.
- Inform the person examined that this information will be reported to FMCSA.

All MECs previously issued to the driver are invalid and no longer satisfy the requirements of § 391.41(a).

FMCSA will transmit this report to the SDLA.

The driver will be required to be medically examined and certified before operating a CMV.

Changes to the Medical Examination Report (MER) Form, MCSA-5875

Areas highlighted in yellow on the *Medical Examination Report (MER) Form, MCSA-5875* indicate form revisions based on the *Medical Examiner's Certification Integration Final Rule* published on April 23, 2015. The information below will help you easily identify the changes.

Privacy Act Statement:

A Privacy Act Statement has been added pursuant to the Privacy Act of 1974. The driver must sign and date the Privacy Act Statement.

Section 1, Personal Information, the following have been added:

1. Issuing State/Province – Province has been added to be used for non-CDL drivers from Canada. Enter the issuing State or Canada.
2. Email – Driver may enter an email address. This is optional and will only be used when FMCSA needs to communicate with the driver regarding their certification.
3. CDL yes/no has been expanded to CLP/CDL Applicant/Holder. Driver selects yes if they are a CLP or CDL holder or are applying for a CLP or CDL and no when they are not.
4. Driver ID Verified By – Medical Examiner or staff records what type of photo ID was used to verify the identity of the driver (e.g., CDL, driver's license, passport).
5. Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years?

Section 1, Driver Health History, the following have been added:

1. Have you ever had surgery?
2. Are you currently taking medications? – Herbal remedies and diet supplements have been added.
3. "Not sure" selection for all health history questions
4. Other health condition(s) not described above

Top of pages 2 – 5, the following have been added:

1. DOB
2. Exam Date

Section 2, Testing, Vision the following have been added:

1. Referred to ophthalmologist or optometrist?
2. Received documentation from ophthalmologist or optometrist?

Medical Examiner Determination section - two certification options.

Choose one:

1. Federal – Examined in accordance with the Federal Motor Carrier Safety Regulations 49 CFR 391.41-391.49
2. State – Examined in accordance with the Federal Motor Carrier Safety Regulations 49 CFR 391.41-391.49 with any applicable State variances (which will only be valid for intrastate operations).

Medical Examiner Determination (Federal), the following have been added:

1. Driver qualified for: other – space has been added to specify timeframe
2. Determination pending - Select this option when more information is needed to make a qualification decision and specify a date, on or before the 45 day expiration date, for the driver to return to the medical exam office for follow-up. The driver is able to continue driving until they are either found to be not qualified or their current MEC expires. For more information, refer to the instructions on the MER.
3. Medical Examination Report amended – If the driver returns within 45 days, use this space to amend the MER. For more information, refer to the instructions on the MER.
4. (If amended) Medical Examiner's Signature and Date
5. Incomplete examination - Select this when the physical examination is not completed for any reason (e.g., driver decides they do not want to continue with the examination and leaves) other than situations outlined under determination pending.
6. Medical Examiner's State License, Certificate, or Registration Number, Issuing State, Occupation, National Registry Number, and Medical Examiner's Certificate Expiration Date

Medical Examiner Determination (State), this is a new section.

Use this section for examinations performed in accordance with the FMCSRs (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations).

For more information, refer to the instructions on the MER.

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form
(for Commercial Driver Medical Certification)

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a.

AUTHORITY: Title 49, United States Code (USC), [49 USC 31133\(a\)\(8\)](#) and [31149\(c\)\(1\)\(E\)](#).

PURPOSE: To record results of a driver's physical examination, to determine qualification to operate a commercial motor vehicle (CMV), and to promote driver health in interstate commerce according to the requirements in [49 CFR 391.41-49](#). Providing this information is mandatory. If this information is not provided, the medical examiner will not be able to determine qualification to operate a CMV in interstate commerce according to the requirements in [49 CFR 391.41-49](#). To record results of a driver's physical examination and to determine qualification to operate a CMV in intrastate commerce when the driver is required by a State to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners in accordance with the provisions of [49 CFR 391.41-49](#) and any variances from the physical qualification standards adopted by such State.

MEDICAL RECORD #

(or sticker)

Medical examiners are required to complete the Medical Examination Report Form for every driver physical examination performed in accordance with [49 CFR 391.41](#). Each original (paper or electronic) completed Medical Examination Report Form must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The medical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours after the request is made [\[49 CFR 391.43\(i\)\]](#).

ROUTINE USES: The information is used for the purpose set forth above and may be forwarded to Federal, State, or local law enforcement agencies for their use. Medical Examination Report Forms collected by FMCSA will be stored in FMCSA's automated National Registry of Certified Medical Examiners System and will be used to monitor the performance of medical examiners listed on the National Registry.

In addition to those disclosures permitted under [5 USC 552a\(b\)](#) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transportation (DOT) Prefatory Statement of General Routine Uses published in the Federal Register on December 29, 2010 ([75 FR 82132](#)), under "Prefatory Statement of General Routine Uses" (available at <http://www.dot.gov/privacy/privacyactnotices>).

ACKNOWLEDGMENT: I understand the provisions of the Privacy Act of 1974 as related to me through the above-mentioned statement.

Driver's Signature: _____ **Date:** _____

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

Driver's License Number: _____ Issuing State/Province: _____ Phone: _____ Gender: M F

E-mail (optional): _____ **CLP/CDL Applicant/Holder:** Yes No

Driver ID Verified By:** _____

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. Yes No Not Sure

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? Yes No Not Sure

If "yes," please describe below.

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ Middle Initial: _____ **DOB:** _____ **Exam Date:** _____

DRIVER HEALTH HISTORY *(continued)*

Do you have or have you ever had:	Not Sure			Not Sure			
	Yes	No	Not Sure	Yes	No	Not Sure	
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems Insulin used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other health condition(s) not described above: Yes No Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below. Yes No Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of [49 CFR 390.35](#), and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under [49 CFR 390.37](#) and [49 CFR 386](#) Appendices A and B.

Driver's Signature: _____ Date: _____

SECTION 2. Examination Report *(to be filled out by the medical examiner)*

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ Middle Initial: _____ **DOB:** _____ **Exam Date:** _____

TESTING

Pulse rate: _____ Pulse rhythm regular: Yes No Height: ___ feet ___ inches Weight: _____ pounds

Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting			Urinalysis is required.				
Second reading (optional)			Numerical readings must be recorded.				
Other testing if indicated			Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.				
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>							

Vision				Hearing																																												
Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.				Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).																																												
Acuity	Uncorrected	Corrected	Horizontal Field of Vision	Check if hearing aid used for test: <input type="radio"/> Right Ear <input type="radio"/> Left Ear <input type="radio"/> Neither																																												
Right Eye:	20/ _____	20/ _____	Right Eye: _____ degrees	Whisper Test Results																																												
Left Eye:	20/ _____	20/ _____	Left Eye: _____ degrees	Record distance (in feet) from driver at which a forced whispered voice can first be heard																																												
Both Eyes:	20/ _____	20/ _____		<table border="0"> <tr> <td></td> <td>OR</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Yes</td> <td>No</td> <td colspan="3">Audiometric Test Results</td> </tr> <tr> <td colspan="2"></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Right Ear</td> <td colspan="2">Left Ear</td> </tr> <tr> <td colspan="2"></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>500 Hz</td> <td>1000 Hz</td> <td>2000 Hz</td> </tr> <tr> <td colspan="2"></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>500 Hz</td> <td>1000 Hz</td> <td>2000 Hz</td> </tr> <tr> <td colspan="2"></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td colspan="2">Average (right): _____</td> <td>Average (left): _____</td> </tr> </table>					OR							Yes	No	Audiometric Test Results					<input type="radio"/>	<input type="radio"/>	Right Ear	Left Ear				<input type="radio"/>	<input type="radio"/>	500 Hz	1000 Hz	2000 Hz			<input type="radio"/>	<input type="radio"/>	500 Hz	1000 Hz	2000 Hz			<input type="radio"/>	<input type="radio"/>	Average (right): _____		Average (left): _____
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		<input type="radio"/>	<input type="radio"/>	Average (right): _____		Average (left): _____																																										
Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors																																																
Monocular vision																																																
Referred to ophthalmologist or optometrist?																																																
Received documentation from ophthalmologist or optometrist?																																																

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input type="radio"/>	<input type="radio"/>	8. Abdomen	<input type="radio"/>	<input type="radio"/>
2. Skin	<input type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input type="radio"/>	<input type="radio"/>
3. Eyes	<input type="radio"/>	<input type="radio"/>	10. Back/Spine	<input type="radio"/>	<input type="radio"/>
4. Ears	<input type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input type="radio"/>	<input type="radio"/>	13. Gait	<input type="radio"/>	<input type="radio"/>
7. Lungs/chest	<input type="radio"/>	<input type="radio"/>	14. Vascular system	<input type="radio"/>	<input type="radio"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ Middle Initial: _____ **DOB:** _____ **Exam Date:** _____

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- Does not meet standards (specify reason): _____
- Meets standards in **49 CFR 391.41**; qualifies for 2-year certificate
- Meets standards, but periodic monitoring required (specify reason): _____
 - Driver qualified for: 3 months 6 months 1 year other (specify): _____
 - Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____
 - Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of **49 CFR 391.64** (Federal)
 - Driving within an exempt intracity zone (see **49 CFR 391.62**) (Federal)
- Determination pending (specify reason):** _____
 - Return to medical exam office for follow-up on (must be 45 days or less): _____
 - Medical Examination Report amended (specify reason):** _____
 - (if amended) Medical Examiner's Signature: _____ **Date:** _____
- Incomplete examination (specify reason):** _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ **Date Certificate Signed:** _____

Medical Examiner's State License, Certificate, or Registration Number: _____ **Issuing State:** _____

MD **DO** **Physician Assistant** **Chiropractor** **Advanced Practice Nurse**

Other Practitioner (specify): _____

National Registry Number: _____ **Medical Examiner's Certificate Expiration Date:** _____

Last Name: _____ First Name: _____ Middle Initial: _____ **DOB:** _____ **Exam Date:** _____

MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations):

Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): _____

Meets standards in 49 CFR 391.41 with any applicable State variances

Meets standards, but periodic monitoring required (specify reason): _____

Driver qualified for: 3 months 6 months 1 year other (specify): _____

Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____

Accompanied by a Skill Performance Evaluation (SPE) Certificate Grandfathered from State requirements (State) _____

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Medical Examiner's Telephone Number: _____ **Date Certificate Signed:** _____

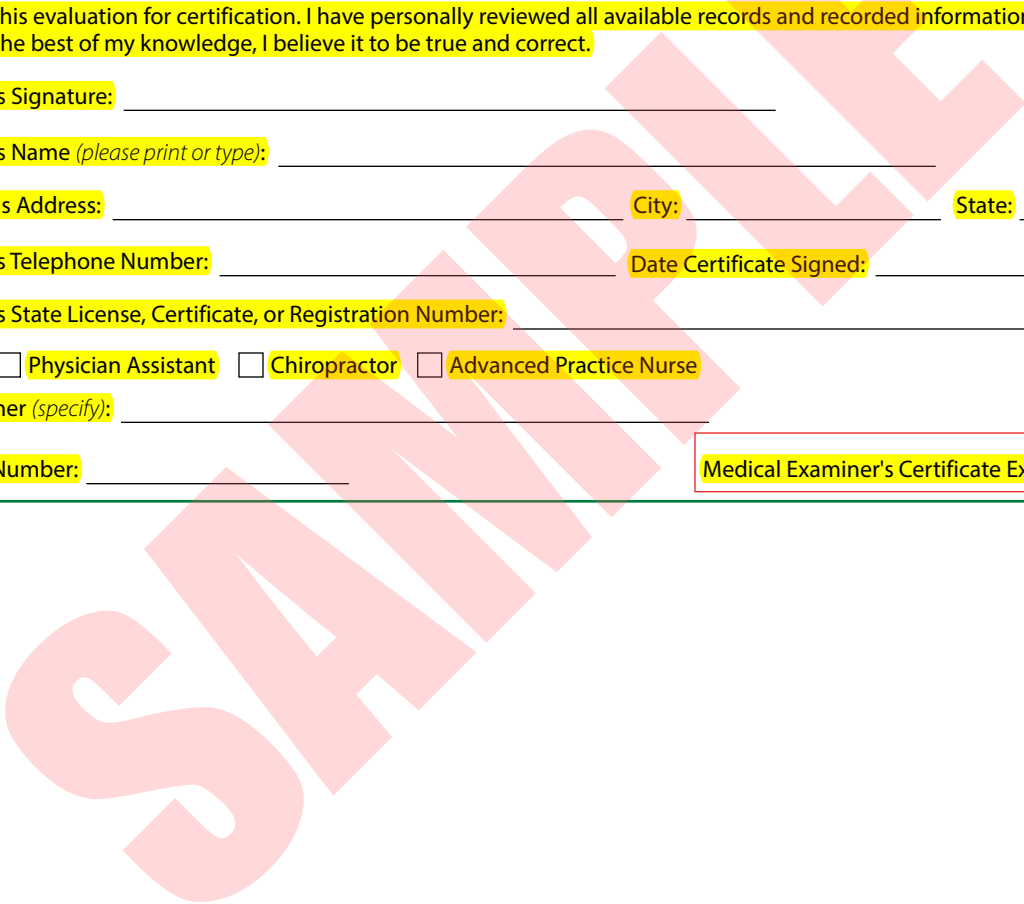
Medical Examiner's State License, Certificate, or Registration Number: _____ **Issuing State:** _____

MD DO Physician Assistant Chiropractor Advanced Practice Nurse

Other Practitioner (specify): _____

National Registry Number: _____

Medical Examiner's Certificate Expiration Date: _____



Instructions for Completing the Medical Examination Report Form (MCSA-5875)

I. Step-By-Step Instructions

Driver:

Privacy Act Statement - Please read, sign and date the Statement acknowledging that you understand the provisions of the Privacy Act of 1974 as written.

Section 1: Driver information

- **Personal Information:** Please complete this section using your name as written on your driver's license, your current address and phone number, your date of birth, age, gender, driver's license number and issuing state.
 - **CLP/CDL Applicant/Holder:** Check "yes" if you are a commercial learner's permit (CLP) or commercial driver's license (CDL) holder, or are applying for a CLP or CDL. CDL means a license issued by a State or the District of Columbia which authorizes the individual to operate a class of a commercial motor vehicle (CMV). A CMV that requires a CDL is one that: (1) has a gross combination weight rating or gross combination weight of 26,001 pounds or more inclusive of a towed unit with a gross vehicle weight rating (GVWR) or gross vehicle weight (GVW) of more than 10,000 pounds; or (2) has a GVWR or GVW of 26,001 pounds or more; or (3) is designed to transport 16 or more passengers, including the driver; or (4) is used to transport either hazardous materials requiring hazardous materials placards on the vehicle or any quantity of a select agent or toxin.
 - **Driver ID Verified By:** The Medical Examiner/staff completes this item and notes the type of photo ID used to verify the driver's identity such as, commercial driver's license, driver's license, or passport, etc.
 - **Question: Has your USDOT/FMCSA medical certificate ever been denied or issued for less than two years?** Please check the correct box "yes" or "no" and if you aren't sure check the "not sure" box.
- **Driver Health History:**
 - **Have you ever had surgery:** Please check "yes" if you have ever had surgery and provide a written explanation of the details (type of surgery, date of surgery, etc.)
 - **Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements):** Please check "yes" if you are taking any diet supplements, herbal remedies, or prescription or over the counter medications. In the box below the question, indicate the name of the medication and the dosage.
 - **#1-32:** Please complete this section by checking the "yes" box to indicate that you have, or have ever had, the health condition listed or the "No" box if you have not. Check the "not sure" box if you are unsure.
 - **Other Health Conditions not described above:** If you have, or have had, any other health conditions not listed in the section above, check "Yes" and in the box provided and list those condition(s).
 - **Any yes answers to questions #1-32 above:** If you have answered "yes" to any of the questions in the Driver Health History section above, please explain your answers further in the box below the question. For example, if you answered "yes" to question #5 regarding heart disease, heart attack, bypass, or other heart problem, indicate which type of heart condition. If you checked "yes" to question #23 regarding cancer, indicate the type of cancer. Please add any information that will be helpful to the Medical Examiner.
- **CMV Driver Signature and Date:** Please read the certification statement, sign and date it, indicating that the information you provided in Section 1 is accurate and complete.

Medical Examiner:

Section 2: Examination Report

- **Driver Health History Review:** Review answers provided by the driver in the driver health history section and discuss any “yes” and “not sure” responses. In addition, be sure to compare the medication list to the health history responses ensuring that the medication list matches the medical conditions noted. Explore with the driver any answers that seem unclear. Record any information that the driver omitted. As the Medical Examiner conducting the driver's physical examination you are required to complete the entire medical examination even if you detect a medical condition that you consider disqualifying, such as deafness. Medical Examiners are expected to determine the driver's physical qualification for operating a commercial vehicle safely. Thus, if you find a disqualifying condition for which a driver may receive a Federal Motor Carrier Safety Administration medical exemption, please record that on the driver's Medical Examiner's Certificate, Form MCSA-5876, as well as on the Medical Examination Report Form, MCSA-5875.
- **Testing:**
 - **Pulse rate and rhythm, height, and weight:** record these as indicated on the form.
 - **Blood Pressure:** record the blood pressure (systolic and diastolic) of the driver being examined. **A second reading is optional and should be recorded if found to be necessary.**
 - **Urinalysis:** record the numerical readings for the specific gravity, protein, blood and sugar.
 - **Vision:** The current vision standard is provided on the form. When other than the Snellen chart is used, give test results in Snellen-comparable values. When recording distance vision, use 20 feet as normal. Record the vision acuity results and indicate if the driver can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors; **has been referred to an ophthalmologist or optometrist; and if documentation has been received from an ophthalmologist or optometrist.**
 - **Hearing:** The current hearing standard is provided on the form. Hearing can be tested using either a whisper test or audiometric test. Record the test results in the corresponding section for the test used.
- **Physical Examination:** Check the body systems for abnormalities and indicate normal or abnormal for each body system listed. Discuss any abnormal answers in detail in the space provided and indicate whether it would affect the driver's ability to safely operate a commercial motor vehicle.

In this next section, you will be completing either the Federal or State determination, not both.

- **Medical Examiner Determination (Federal):** Use this section for examinations performed in accordance with the FMCSRs ([49 CFR 391.41-391.49](#)). Complete the medical examiner determination section completely. When determining a driver's physical qualification, please note that English language proficiency ([49 CFR part 391.11](#): General qualifications of drivers) is not factored into that determination.
 - **Does not meet standards:** Select this option when a driver is determined to be not qualified and provide an explanation of why the driver does not meet the standards in 49 CFR 391.41.
 - **Meets standards in 49 CFR 391.41; qualifies for 2-year certification:** Select this option when a driver is determined to be qualified and will be issued a 2-year Medical Examiner's Certificate.

- **Meets standards, but periodic monitoring is required:** Select this option when a driver is determined to be qualified but needs periodic monitoring and provide an explanation of why periodic monitoring is required. Select the corresponding time frame that the driver is qualified and if selecting other, specify the time frame.
 - **Determination that driver meets standards:** Select all categories that apply to the driver's certification (e.g., wearing corrective lenses, accompanied by a waiver/exemption, driving within an exempt intracity zone, etc.).
- **Determination pending:** Select this option when more information is needed to make a qualification decision and specify a date, on or before the 45 day expiration date, for the driver to return to the medical exam office for follow-up. This will allow for a delay of the qualification decision for as many as 45 days. If the disposition of the pending examination is not updated via the National Registry on or before the 45 day expiration date, FMCSA will notify the examining medical examiner and the driver in writing that the examination is no longer valid and that the driver is required to be re-examined.
 - **MER amended:** A Medical Examination Report Form (MER), MCSA-5875, may only be amended while in determination pending status for situations where new information (e.g., test results, etc.) has been received or there has been a change in the driver's medical status since the initial examination, but prior to a final qualification determination. Select this option when a Medical Examination Report Form, MCSA-5875, is being amended; provide the reason for the amendment, sign and date. In addition, initial and date any changes made on the Medical Examination Report Form, MCSA-5875. A Medical Examination Report Form, MCSA-5875, cannot be amended after an examination has been in determination pending status for more than 45 days or after a final qualification determination has been made. The driver is required to obtain a new physical examination and a new Medical Examination Report Form, MCSA-5875, should be completed.
- **Incomplete examination:** Select this when the physical examination is not completed for any reason (e.g., driver decides they do not want to continue with the examination and leaves) other than situations outlined under determination pending.
- **Medical Examiner information, signature and date:** Provide your name, address, phone number, occupation, license, certificate, or registration number and issuing state, national registry number, Medical Examiner's Certificate expiration date, signature and date.
- **Medical Examiner Determination (State):** Use this section for examinations performed in accordance with the FMCSRs (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations). Complete the medical examiner determination section completely.
 - **Does not meet standards in 49 CFR 391.41 with any applicable State variances:** Select this option when a driver is determined to be not qualified and provide an explanation of why the driver does not meet the standards in 49 CFR 391.41 with any applicable State variances.
 - **Meets standards in 49 CFR 391.41 with any applicable State variances:** Select this option when a driver is determined to be qualified and will be issued a 2-year Medical Examiner's Certificate.
 - **Meets standards, but periodic monitoring is required:** Select this option when a driver is determined to be qualified but needs periodic monitoring and provide an explanation of why periodic monitoring is required. Select the corresponding time frame that the driver is qualified and if selecting other, specify the time frame.
 - **Determination that driver meets standards:** Select all categories that apply to the driver's certification (e.g., wearing corrective lenses, accompanied by a waiver/exemption, etc.).

- **Medical Examiner information, signature and date:** Provide your name, address, phone number, occupation, license, certificate, or registration number and issuing state, national registry number, Medical Examiner's Certificate expiration date, signature and date.

II. If updating an existing exam, you must resubmit the new exam results, via the Medical Examination Results Form, MCSA-5850, to the National Registry, and the most recent dated exam will take precedence.

III. To obtain additional information regarding this form go to the Medical Program's page on the Federal Motor Carrier Safety Administration's website at <http://www.fmcsa.dot.gov/regulations/medical>.

SAMPLE