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

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with *(please check only one)*:

◯ 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 *(check all that apply)* **OR**

◯ 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), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:

☐ Wearing corrective lenses   ☐ Accompanied by a _____ waiver/exemption   ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*

☐ Wearing hearing aid   ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate   ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*

☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
_____

Medical Examiner's Signature
_____

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

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

◯ MD   ◯ Physician Assistant   ◯ Advanced Practice Nurse
◯ DO   ◯ Chiropractor   ◯ Other Practitioner *(specify)* _____

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

Issuing State
_____

National Registry Number
_____

Driver's Signature
_____

Driver's License Number   **Issuing State/Province**
_____   _____

Driver's Address   **CLP/CDL Applicant/Holder**

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____ ◯ Yes ◯ No