

Please remember to enlarge the wallet card to 5 inches by 7 inches before submitting it to PennDOT.

MEDICAL EXAMINER'S CERTIFICATE

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:

<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)
<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)
<input type="checkbox"/> accompanied by a _____ waiver exemption	<input type="checkbox"/> 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"/> DO <input type="checkbox"/> Chiropractor	<input type="checkbox"/> Advanced Practice Nurse
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE		
SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
ADDRESS OF DRIVER		
MEDICAL CERTIFICATE EXPIRATION DATE		

With these restrictions, the expiration date of this certificate cannot be greater than 12 months from the physical date.

This information will become part of the driver's record. Before submitting to PennDOT, please make sure that all of the information is complete and legible.