

Public Burden Statement

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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):

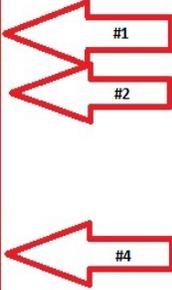
Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

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 _____

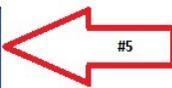
Medical Examiner's Name (please print or type) _____

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 _____

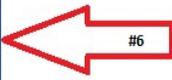
Issuing State/Province _____

Driver's Address

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

CLP/CDL Applicant/Holder

Yes No



1. This indicates that the driver has met federal standards under (49CFR 391.49) and is qualified to drive CMV's. This is where the majority of drivers will qualify. This may, or may not require other restrictions. (ie; Accompanied by a _____ waiver/exemption.)
 - a. This box **can** be marked for drivers under the age of 21, since they meet all medical requirements, but they will have a K restriction added to their license.
2. This indicates that the driver does not meet the standards for Interstate driving, but may meet the requirements for the state K waiver program. This should always be accompanied by "Accompanied by a State waiver/exemption," unless it is being marked for a driver who is under 21, but has no other medical requirements.
 - a. This box **can** be marked for drivers under 21, however, they will be required to obtain a new medical card when they turn 21.
3. This box should be marked and have "State" filled in, whenever #2 is marked. This is also used for "Federal" variance/waivers.
4. This box is to indicate the day that the Medical Card is set to expire. (Day cannot be more than 2 years from the exam date.)
5. Date Certificate Signed – is the date the exam is given.
6. CLP/CDL Applicant Holder –
 - a. Yes – indicates that the driver is applying for, or already has their CDL.
 - b. No – indicates that the driver is a Class D driver and is not applying for their CDL.