

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)

CMV DRIVER 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 (*specify type*): _____ 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*)

Medical Examiner's Certificate Expiration Date

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 INFORMATION

Medical Examiner's Signature	Medical Examiner's Telephone Number	Date Certificate Signed
_____	_____	_____
Medical Examiner's Name (<i>please print or type</i>)	MD Physician Assistant Advanced Practice Nurse	
_____	DO Chiropractor Other Practitioner (<i>specify</i>) _____	
Medical Examiner's State License, Certificate, or Registration Number	Issuing State	National Registry Number
_____	_____	_____

CMV DRIVER INFORMATION

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

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