

2 Examples of the most commonly submitted medical examiner's certificates

Example 1 – a one part medical examiner's certificate

MEDICAL EXAMINER'S CERTIFICATE								
<p style="text-align: center;">(A)</p> <p>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:</p>								
<p>(B)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> wearing corrective lenses</td> <td style="width: 50%; border: none;"><input type="checkbox"/> driving with an exempt intracity zone (49 CFR 391.62)**</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> wearing hearing aid</td> <td style="border: none;"><input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)*</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> accompanied by a ___waiver/exemption*</td> <td style="border: none;"><input type="checkbox"/> qualified by operation of 49 CFR 391.64**</td> </tr> </table>			<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving with 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**
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving with 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**							
Signature of Medical Examiner (C)	Telephone (D)	Date (E)						
Medical Examiner's Name (Print) (F)		(G) <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Advance Practice Nurse						
Medical Examiner's License Certificate No./Issuing State (H)								
Signature of Driver (I)	Driver's License NO. (J)	State (K)						
Address of Driver (L)								
Medical Certificate Expiration Date (M)								

Example 2 – a two part medical examiner's certificate – both parts must be submitted to be valid

MEDICAL EXAMINER'S CERTIFICATE								
<p style="text-align: center;">(A)</p> <p>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:</p>								
<p>(B)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> wearing corrective lenses</td> <td style="width: 50%; border: none;"><input type="checkbox"/> driving with an exempt intracity zone (49 CFR 391.62)**</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> wearing hearing aid</td> <td style="border: none;"><input type="checkbox"/> accompanied by a Skills Performance Evaluation Certificate (SPE)*</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> accompanied by a _____ waiver/exemption*</td> <td style="border: none;"><input type="checkbox"/> qualified by operation of 49 CFR 391.64**</td> </tr> </table>			<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving with an exempt intracity zone (49 CFR 391.62)**	<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skills Performance Evaluation Certificate (SPE)*	<input type="checkbox"/> accompanied by a _____ waiver/exemption*	<input type="checkbox"/> qualified by operation of 49 CFR 391.64**
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving with an exempt intracity zone (49 CFR 391.62)**							
<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skills 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.								
Medical Examiner Signature (C)		Date (E)						
Medical Examiner Name (Print) (F)		(G) <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Advance Practice Nurse						
Medical Examiner License or Certification No./Issuing State (H)								
Phone No. (D)								
Driver Signature (I)								
Driver Address (L)								
Driver License No (J)	State (K)	Medical Certification Expiration Date (M)						

(A) - CDL holder's name

(B) – medical examiner's certificate must include all 6 boxes to be valid

*if checked, submit waiver/exemption or SPE along with the medical examiner's certificate

**if checked, medical examiner's certificate can only be valid for 1 year from the examination date

(C) - medical examiner who completes the exam must sign

(C) – must have medical examiner's complete telephone number, including area code

(E) – date of the examination

(F) – medical examiner's name must be legible

(G) – indicates the type of medical examiner who performed the examination, one box must be checked

(H) – must be legible and complete

(I), (J), (K) and (L) – to be completed by the CDL holder

(M) – cannot be valid for more than 2 year from the examination date

All fields must be legible and completed by the appropriate person