



MEDICAL EXAMINER'S PROVISIONAL CERTIFICATE

Driver's Name:		Driver License #: Include State:	
Driver's Address: <i>(Include City State Zip)</i>			
Driver's Email:		Driver's Cell #:	
Driver's Home #:		Driver's Fax #:	
Medical Examiner's (ME) Name:		ME's National Registry #:	
ME's Address: <i>(Include City State Zip)</i>			
ME's Email:		Conducted DOT 49 CFR 391.43 Examination:	<input type="checkbox"/> Yes
ME's Phone #:		ME's Fax #:	
Examination Date:		Expiration Date: <i>Up to 1 year</i>	
Limitations and/or Conditions: <small>Examples - Glasses, Medications, Specific Driving Schedule</small>			
All information on this form must be complete and include a PUCO encoded stamp to be valid.			
FAX: (614) 466-2954 EMAIL: MedWaiver@puc.state.oh.us PHONE: (877) 709-0121	Mail: Public Utilities Commission of Ohio Transportation Department, Enforcement Division 180 East Broad Street, 4 th Floor Columbus, Ohio 43215-3793		
NOTICE			
<ol style="list-style-type: none"> Only operate a commercial motor vehicle in intrastate commerce (Ohio only); Will NOT transport hazardous materials which require placards; Will NOT transport passengers for hire, or operated any vehicle designed to carry 16 or more passengers including the driver; Will NOT operate a commercial motor vehicle beyond any restriction(s) indicated by the Medical Examiner; Driver must maintain a copy of this Medical Examiner's Provisional Certificate while operating a CMV; Certificate must include an Official PUCO stamp and be return to you to be valid. 			
Medical Examiner's Signature:		Date:	
Driver's Signature:		Date:	
THIS CERTIFICATE HAS		<i>Official PUCO Stamp Required To Be VALID</i>	BEEN RECEIVED BY THE PUCO

The medical examiner must be listed on the National Registry of Certified Medical Examiners. A list of certified medical examiners in your area can be found at: <https://nationalregistry.fmcsa.dot.gov>