

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)		<p>(G)</p> <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								
(A)								
<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**	<p>Medical Examiner Signature (C)</p> <p>Date (E)</p>	
<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**							
	Medical Examiner Name (Print) (F)	<p>(G)</p> <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)						
<p>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.</p>								

(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