

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 <i>(please print or type)</i>	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner <i>(specify)</i> _____	

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	CLP/CDL Applicant/Holder	
Street Address: _____	City: _____	State/Province: _____ Zip Code: _____ <input type="radio"/> Yes <input type="radio"/> No

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