

**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**

<b>Medical Examiner's Signature</b>	<b>Medical Examiner's Telephone Number</b>	<b>Date Certificate Signed</b>
_____	_____	_____
<b>Medical Examiner's Name <i>(please print or type)</i></b>	<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> _____	
<b>Medical Examiner's State License, Certificate, or Registration Number</b>	<b>Issuing State</b>	<b>National Registry Number</b>
_____	_____	_____

<b>Driver's Signature</b>	<b>Driver's License Number</b>	<b>Issuing State/Province</b>
_____	_____	_____
<b>Driver's Address</b>		
<b>CLP/CDL Applicant/Holder</b>		
Street Address: _____	City: _____	State/Province: _____ Zip Code: _____ <input type="radio"/> Yes <input type="radio"/> No

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