MEDICAL EXAMINER'S CERTIFICATE

Print or type only. This certificate will be rejected if the information is incomplete or illegible.

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:

☐ wearing corrective lenses   ☐ driving within an exempt intra city zone (49 CFR 391.62)
☐ wearing hearing aid   ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
☐ accompanied by a _____ waiver/exemption   ☐ 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.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE (TYPE OR PRINT)	MEDICAL CERTIFICATE ISSUE DATE
MEDICAL EXAMINER'S NAME (TYPE OR PRINT)		

SPECIALTY: ☐ MD   ☐ DO   ☐ (PA) PHYSICIAN ASSISTANT   ☐ (AN) ADVANCED PRACTICE NURSE   ☐ (CO) CHIROPRACTOR

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER/ISSUING STATE (TYPE OR PRINT)

SIGNATURE OF DRIVER	DRIVER'S LICENSE NUMBER (TYPE OR PRINT)	STATE

ADDRESS OF DRIVER (TYPE OR PRINT)

MEDICAL CERTIFICATION EXPIRATION DATE (TYPE OR PRINT)

Driver must self-certify by marking one of the boxes below:

☐ **Non-excepted interstate** – [NI] Operates or expects to operate in interstate commerce and is both subject to and meets the requirements under (49 CFR part 391).

☐ **Excepted interstate** – [EI] Operates or expects to operate in interstate commerce, but engaged exclusively in transportation or operations excepted (school bus operations, federal and state employees, transportation of personal property, transportation of human corpses or sick and injured persons, operation of fire trucks and rescue vehicles while involved in emergency and related operations).

☐ **Non-excepted intrastate** – [NA] Operates only in intrastate commerce and, therefore, is subject to state driver qualification requirements.

☐ **Excepted intrastate** – [EA] Operates in intrastate commerce, but engages exclusively in transportation or operation excepted from all or parts of the state driver qualification requirements.

Under penalties of perjury, I swear or affirm that all information submitted by me regarding this medical certificate is true and accurate.

_____   _____
Driver's Signature   Date