

Public Burden Statement

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

CMV Driver Medical Examination Results Form

CMV Driver's Name and Address *(use Legal Name as listed on Government-Issued Identification)*

Last Name: _____ First Name: _____ Middle Initial: _____
(enter 'NMN' if driver does not have a middle name)

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

Email: _____
(optional)

CMV Driver's License Information

Driver's License Number: _____ Issuing State/Province: _____ Date of Birth: _____
(use mm/dd/yyyy format)

CLP/CDL Applicant/Holder: Yes No

Examination Information *(please complete only one of the Examination Information sections below)*

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

OR

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49), with any applicable State variances:

Examination Result: Medically Qualified
(Date MEC signed/issued): _____
(use mm/dd/yyyy format)

 Medically Unqualified
(Date of examination/determination): _____
(use mm/dd/yyyy format)

 Determination Pending
(Date of examination): _____
(use mm/dd/yyyy format)

 Incomplete Examination
(Date of examination): _____
(use mm/dd/yyyy format)

Date of Examination: _____
(use mm/dd/yyyy format)

Examination Result: Medically Qualified
 Medically Unqualified

Medical Examiner's Certificate Expiration Date: _____
(applicable when "Medically Qualified" is selected above) *(use mm/dd/yyyy format)*

Medical Examiner's Certificate Expiration Date: _____
(applicable when "Medically Qualified" is selected above) *(use mm/dd/yyyy format)*

Restrictions and Variances *(check all that apply)*

- | | |
|--|---|
| Wearing hearing aid | Accompanied by a Skill Performance Evaluation (SPE) Certificate |
| Wearing corrective lenses | Driving within an exempt intracity zone <i>(see 49 CFR 391.62)</i> <i>(Federal)</i> |
| Accompanied by a waiver/exemption <i>(specify type):</i> | Grandfathered from State requirements <i>(State)</i> |
| _____ | |

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