Example of Medical Examiner’s Certificate

MEDICAL EXAMINER’S CERTIFICATE

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 his/her duties, I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a __________ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

This 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.

<table>
<thead>
<tr>
<th>SIGNATURE OF MEDICAL EXAMINER</th>
<th>TELEPHONE</th>
<th>DATE</th>
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MEDICAL EXAMINER’S NAME (PRINT)  □ MD  □ DO  □ Chiropractor

MEDICAL EXAMINER’S LICENSE OR CERTIFICATE NO. / ISSUING STATE

SIGNATURE OF DRIVER  DRIVER’S LICENSE NO.  STATE

ADDRESS OF DRIVER

MEDICAL CERTIFICATE EXPIRATION DATE

MOTOR CARRIER’S COPY