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

# MEDICAL EXAMINER'S CERTIFICATE
**(for Commercial Driver Medical Certification)**

## CMV DRIVER 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption *(specify type)*: _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ 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 INFORMATION

**Medical Examiner's Signature**

**Medical Examiner's Telephone Number**
321-268-2210

**Date Certificate Signed**

**Medical Examiner's Name** *(please print or type)*
Steven L. Smith, DC

◯ MD ◯ Physician Assistant ◯ Advanced Practice Nurse
◯ DO ◉ Chiropractor ◯ Other Practitioner *(specify)* _____

**Medical Examiner's State License, Certificate, or Registration Number**
CH8721

**Issuing State**
Florida

**National Registry Number**
3298457307

## CMV DRIVER INFORMATION

**Driver's Signature**

**Driver's License Number**

**Issuing State/Province**

**Driver's Address**
Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

**CLP/CDL Applicant/Holder**
◯ Yes ◯ No

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