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A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately two minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

FMCSA Office of Registration and Safety Information

CMV Driver Medical Examination Results Form

FORM MCSA-5850

CMV DRIVER'S NAME AND ADDRESS *(use Legal Name as listed on Government-Issued Identification)*

LAST NAME	FIRST NAME	MIDDLE INITIAL	E-MAIL ADDRESS <i>(optional)</i>
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP CODE

CMV DRIVER'S LICENSE INFORMATION

DRIVER'S LICENSE NUMBER	ISSUING STATE/PROVINCE	DATE OF BIRTH	CLP/CDL Applicant/Holder:	Yes	No
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EXAMINATION INFORMATION *(please complete only one of the Examination Information sections below)*

Use Section 1 for examinations performed in accordance with the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)):

OR

Use Section 2 for examinations performed in accordance with the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)), with any applicable State variances:

SECTION 1

Examination Result:

Medically Qualified
(date MEC signed/issued): _____

Medically Unqualified
(date of examination): _____

Determination Pending
(date of examination): _____

Incomplete Examination
(date of examination): _____

Medical Examiner's Certificate Expiration Date

(applicable when "Medically Qualified" is selected above): _____

SECTION 2

Date of Examination: _____

Examination Result: Medically Qualified
Medically Unqualified

Medical Examiner's Certificate Expiration Date

(applicable when "Medically Qualified" is selected above): _____

(continued on next page)

RESTRICTIONS AND VARIANCES *(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)*