

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

Wearing corrective lenses

Accompanied by a waiver/exemption (specify type): _____

Accompanied by a Skill Performance Evaluation (SPE) Certificate

Driving within an exempt intracity zone (see [49 CFR 391.62](#)) (Federal)

Grandfathered from State requirements (State)

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