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):

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)

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

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:

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)*

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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