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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)