

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

Driver's Name

In accordance with the Federal Motor Carrier Safety Regulations (49CF391.41 thru 391. 49) and with knowledge of his/her duties find him/her qualified under regulations.

Qualified Only When Wearing: Hearing Aid Corrective Lenses

Medically unqualified unless accompanied by a _____ waiver.

Medically unqualified unless driving within exempt intra city zone.

A complete examination for this person is on file in my office.

Area Code & Phone Number

Certificate Expiration Date

State of License

Medical Examiner Name and Title

Signature of Examiner

Signature of Driver

Driver's Address

City

State

Zip Cod