

HOW TO REPORT DOT MEDICAL CARD

ONLINE

FLORIDA CDL LICENSE ONLY

Welcome to Florida's CDL Self-Certification System

This system allows Commercial Driver License (CDL) holders to meet the new federal requirements for self-certification without needing to go to a driver license office.

Driver Privacy Protection Act Warning

The personal information contained within this site is protected by 18 U.S.C. 2721-2725, et seq., ([the Driver Privacy Protection Act](#)) and Section 119.0712(2), Florida Statutes. You are not authorized to access personal information for anyone other than yourself through this web site unless you have specific written permission to do so. Any access or attempted access to personal information of others may subject you to criminal prosecution or civil liability.

I Agree

A Florida Commercial Driver License (CDL) holder may use this system only if they have a valid Florida Commercial Driver License.

If you are not sure if your CDL is valid, please visit our [Driver License Check](#) first.

We are concerned about your privacy and the security of your information. Pressing **Continue** will transfer you to our secure site. Please review our [privacy policy](#).

[Continue](#)

FIRST STEP

Enter FMSCA Website
select option **I AGREE**

SECOND STEP

Enter:

- Florida Driver license information
- Last four digits of SSN
- Date of birth

FLHSMV SERVICE • INTEGRITY • COURTESY • PROFESSIONALISM • INNOVATION • EXCELLENCE Dave Kerner Executive Director

Locate Your Records

Please enter the following information to locate your Driver Record.

- Florida Driver License number
- Last Four Digits of Social Security Number(SSN)
- Date of Birth 1 - January Year (yyyy)

[Continue](#)

THIRD STEP

Check your previous CDL Medical certification and then click **Self-Certify**

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Florida CDL Medical Self-Certification System

Current CDL Medical Certification on record
Posted Date: 5/4/2022
Expiration Date: **11/16/2023**
Certification Category: (C) Non-excepted intrastate.
[View Receipt](#)

[Self-Certify](#)

4 STEP

Select **NO** if you do not need waiver or SPE

Florida CDL Medical Self-Certification System

National Registry of Certified Medical Examiners

Medical exams performed on or after May 21, 2014 must be performed by a medical examiner that is listed on the National Registry of Certified Medical Examiners. Medical Examiner's Certificate issued on or after May 21, 2014 require a National Registry Number. If your Medical Examiner's Certificate does not have the National Registry Number, cancel submission and return to your medical examiner to obtain their National Registry Number and to correct the Medical Examiner's Certificate. If your Medical Examiner is not listed on the National Registry of Certified Medical Examiners you may locate a medical examiner at: <https://nationalregistry.fmcsa.dot.gov/NRPublicUI/home.seam> to perform the medical exam.

Waivers/exemptions or Skills Performance Evaluation Certificate

Federal Motor Carrier Safety Administration allows medical exemptions for vision, diabetes, or a loss of limb. Federal Motor Carrier Safety Administration will issue waivers or Skills Performance Evaluation Certificates in these cases.

Do you currently hold a valid medical waiver/exemption or Skills Performance Evaluation Certificate issued by the Federal Motor Carrier Safety Administration?

Yes No

[Cancel Submission](#) [Next](#)

FLORIDA CDL DRIVER'S STATEMENT OF MEDICAL CERTIFICATION

All CDL holders must declare for the record whether their commercial motor vehicle (CMV) operation is in a category that requires medical certification. To be eligible for a CDL, drivers must operate or expect to operate a vehicle requiring a CDL in one of the four categories of interstate or intrastate commerce listed below. Drivers whose CMV operation is in a category requiring medical certification must show proof of valid medical certification to be issued a CDL or to retain a CDL after the previously issued medical certificate has expired. Drivers self-certifying in a category exempt from medical certification requirements (B or D) and later changing to a non-exempt type of operation (A or C), must recertify in the appropriate category and provide proof of valid medical certification to avoid potential enforcement actions.

(A) Non-excepted interstate. I operate or expect to operate in interstate commerce and am required to maintain federal medical certification.

(B) Excepted interstate. I operate or expect to operate in interstate commerce, but engage exclusively in operations that qualify me for exception from the requirement to maintain medical certification.

(C) Non-excepted intrastate. I operate or expect to operate only in intrastate commerce and am required to meet State medical certification requirements.

(D) Excepted intrastate. I operate or expect to operate only in intrastate commerce but engage exclusively in operations that qualify me for exception from State medical certification requirements.

[Cancel Submission](#)

[Back](#)

[Next](#)

5 STEP

Select **(A)** if you're certified to operate interstate

Select **(C)** if you're certified to operate only intrastate

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Florida CDL Medical Self-Certification System

To Complete The Certification Process, You Will Need:

- Your Medical Card
- Your waiver or exemption form, if applicable
- Your Skill Performance Evaluation (SPE) Certificate, if applicable.
- A digital image (scan or picture) of your medical card, waiver, and SPE if applicable.

To Check the Status of Your Submission:

Return to this website and enter your information. It may take up to 7 days to review and update the status. The status page will read as follows:

- Submission Pending – still being reviewed
- Submission Rejected – you are required to resubmit your self-certification either using this system or by visiting a [driver license office](#) or [tax collector's office](#)
- Current CDL Medical Certification– Displays the CDL medical information currently posted on your driver license record.

When Do You Need To Re-Certify?

- Anytime that you are issued a new Medical Card, Waiver, or Variance, you are required to provide the new information to your state of record
- If you change the category that you are operating in, you must re-certify and provide the medical information required.

CDL Driver Contact Information

If you would like to receive confirmation and notifications about your Florida CDL Medical Self-Certification via text message and/ or email; please provide the contact information below.

Text Phone Number:

Email:

Please note: this notification information will need to be updated each time you re-certify. Text message notifications will be implemented in the future.

SIX STEP

Enter your phone number and email
To received notification about your self-certification.

7 STEP

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 Office, Federal Motor Carrier Safety Administration, MC-804, 1200 New Jersey Avenue, SE, Washington, DC, 20590.

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** **First Name:** in accordance with *(please check only one):*

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* OR

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and if applicable, only when *(check all that apply):*

Wearing corrective lenses Accompanied by a waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature **Medical Examiner's Telephone Number** **Date Certificate Signed**

Medical Examiner's Name (please print or type) MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number **Issuing State** **National Registry Number**

Driver's Signature **Driver's License Number** **Issuing State/Province**

Driver's Address **City:** **State/Province:** **Zip Code:** **CLP/CDL Applicant/Holder** Yes No

Medical Examiner's Certificate Detail

1 Please enter the following information exactly as it appears on your medical card.

Wearing corrective lenses Driving within an exempt intracity zone (49 CFR 391.62)

Wearing hearing aid Accompanied by a Skill Performance Evaluation Certificate (SPE)

Accompanied by a waiver or exemption Qualified by operation of (49 CFR 391.64)

2 Medical Examiner Phone Number:

3 Certificate Issue Date: 1 - January 1 Year (yyyy)

4 Medical Examiner First Name:

Medical Examiner Middle Name:

4 Medical Examiner Last Name:

Suffix:

5 Medical Examiner Specialty:

6 Medical Examiner License:

7 Medical Examiner's State:

8 National Registry Number:

9 Certificate Expiration Date: 1 - January 1 Year (yyyy)

8 STEP

Take a picture of your medical card and select it and then click next and finally click submit.

CDL Medical Certificate Image Upload (DOT Medical Card)

Here are the instructions for uploading a digital image:

Scan or take a picture with a digital camera. Save the image to a location on the computer you are using that will be easy to remember. Name the file something that will be easy to recognize. Click the browse button below. A dialog screen will open. Choose the image and click the open button on the dialog screen.

NOTE: Send the medical card only, please do not send the long medical form.

Upload digital image: IMG_0083

HealthRoute Recommendation

TAKE A PICTURE OF NUMBER TRANSACTION
UPLOADING YOUR MEDICAL CARD MAY TAKE UP TO 7 DAYS. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DMV.

