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

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

 (or sticker)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

Driver's License Number: _____ Issuing State/Province: _____ Phone: _____

E-Mail (optional): _____ CLP/CDL Applicant/Holder*: Yes No

Driver ID Verified By**: _____

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. Yes No Not Sure

 Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? Yes No Not Sure
 If "yes," please describe below.

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Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

DRIVER HEALTH HISTORY *(continued)*

Do you have or have you ever had:	Yes	No	Not Sure	Do you have or have you ever had:	Yes	No	Not Sure
1. Head/brain injuries or illnesses (e.g., concussion)				16. Dizziness, headaches, numbness, tingling, or memory loss			
2. Seizures/epilepsy				17. Unexplained weight loss			
3. Eye problems (except glasses or contacts)				18. Stroke, mini-stroke (TIA), paralysis, or weakness			
4. Ear and/or hearing problems				19. Missing or limited use of arm, hand, finger, leg, foot, toe			
5. Heart disease, heart attack, bypass, or other heart problems				20. Neck or back problems			
6. Pacemaker, stents, implantable devices, or other heart procedures				21. Bone, muscle, joint, or nerve problems			
7. High blood pressure				22. Blood clots or bleeding problems			
8. High cholesterol				23. Cancer			
9. Chronic (long-term) cough, shortness of breath, or other breathing problems				24. Chronic (long-term) infection or other chronic diseases			
10. Lung disease (e.g., asthma)				25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring			
11. Kidney problems, kidney stones, or pain/problems with urination				26. Have you ever had a sleep test (e.g., sleep apnea)?			
12. Stomach, liver, or digestive problems				27. Have you ever spent a night in the hospital?			
13. Diabetes or blood sugar problems Insulin used				28. Have you ever had a broken bone?			
14. Anxiety, depression, nervousness, other mental health problems				29. Have you ever used or do you now use tobacco?			
15. Fainting or passing out				30. Do you currently drink alcohol?			
				31. Have you used an illegal substance within the past two years?			
				32. Have you ever failed a drug test or been dependent on an illegal substance?			

Other health condition(s) not described above: _____ **Yes No Not Sure**

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below: **Yes No Not Sure**

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of [49 CFR 390.35](#), and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under [49 CFR 390.37](#) and [49 CFR 386](#) Appendices A and B.

Driver's Signature: _____ Date: _____

SECTION 2. Examination Report *(to be filled out by the medical examiner)***DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).