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