



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

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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 Certificate Expiration Date

Medical Examiner's Signature _____	Medical Examiner's Telephone Number (909) 730-7713	Date Certificate Signed _____
Medical Examiner's Name <i>(please print or type)</i> DR. JIMMY BAE, DC	☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse ☐ DO ☒ Chiropractor ☐ Other Practitioner <i>(specify)</i> _____	
Medical Examiner's State License, Certificate, or Registration Number DC29321	Issuing State California	National Registry Number 3515952024

Driver's Signature _____	Driver's License Number _____	Issuing State/Province
Driver's Address		
CLP/CDL Applicant/Holder		
Street Address: _____	City: _____	State/Province: Zip Code: _____ ☐ Yes ☐ No

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