that collection of information displays a contract including the time for reviewing instruction	current valid OMB Control Number. The OMB Contr ons, gathering the data needed, and completing a	nor shall a person be subject to a penalty for failure to co ol Number for this information collection is 2126-0006. Ind reviewing the collection of information. All response In to: Information Collection Clearance Officer, Federal N	Public reporting for this collection of the sto this collection of information are	information is estimated to e mandatory. Send commer	o be approximately one minute per respon nts regarding this burden estimate or any	
U.S. Department of Transportation Federal Motor Carrier Safety Administration		Medical Examiner's Certificat (for Commercial Driver Medical Certification)	te			
I certify that I have examined Last Name:						
the Federal Motor Carrier Safety Re	-	with knowledge of the driving duties, I find any applicable State variances (which will <i>pply</i> ):	• •			
Wearing corrective lenses Wearing hearing aid	Accompanied by a Accompanied by a Skill Performanc	waiver/exemption ce Evaluation (SPE) Certificate	Driving within an exempt intracity zone ( <u>49 CFR 391.62</u> ) (Federal) Qualified by operation of <u>49 CFR 391.64</u> (Federal)			
Medical Examiner's Signature	mbodies my findings completely and c		r's Telephone Number	Date Certificat	te Signed	
Medical Examiner's Name (please pr	rint or type)	MD Pł	nysician Assistant Adv	anced Practice Nurse	-	
Medical Examiner's State License, (	Certificate, or Registration Number	Issuing State		National Regis		
Driver's Signature		Driver's License N	lumber	Issuing State/	Province	

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