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Medical Examination Report Form

(for Commercial Driver Medical Certification)

(or sticker)

PERSONAL INFORMATION

*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.

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)?
If "yes," please describe below.

☐ Yes ☐ No ☐ Not Sure

(Attach additional sheets if necessary)

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