MEDICAL RECORD #

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

## Medical Examination Report Form (for Commercial Driver Medical Certification)

SECTION 1. Driver Information (to be filled out by the driver)		(or sticker)
PERSONAL INFORMATION		
Last Name: 110BEII HERNAND First Name: ANDV	Middle Initial: Date of Birth	n: 09 15 1994 Age: 27
Street Address! RTFIE RANGE RD City: WINTE		
Driver's License Number: L146 - 000 - 94 - 335-0 Issuing State		Phone: 86540153
E-Mail (optional):	s 🕑 No	
	Driver ID Verified By**: Orive	
Has your USDOT/FMCSA medical certificate ever been denied or issued for less the		
*CLP/CDL Applicant/Holder: See instructions for definitions. "*Brive	ID Verified By: Record what type of photo ID was used to verify th	ie identity of the driver, e.g., CDL, ariver's license, passport
DRIVER HEALTH HISTORY	The state of the s	
Have you ever had surgery? If "yes," please list and explain below.		○ Yes ○ No ○ Not Sure
		4600
		,
Are you currently taking medications (prescription, over-the-counter, herbarremedies, If "yes," please describe below.	diet supplements)?	○ Yes ○ No ○ Not Sure
100		

(Attach additional sheets if necessary)

Rev 3/29/2022

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