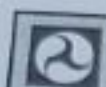


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U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

## 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: Blocker First Name: Johnny Middle Initial:    Date of Birth: 01/12/74 Age: 49  
Street Address: 6816 NW 15TH AVE City: Miami State/Province: FL Zip Code: 33147  
Driver's License Number: B426-432-740-012-0 Issuing State/Province: Florida Phone:     
E-Mail (optional):    CLP/CDL Applicant/Holder\*: ☒ Yes ☐ No  
Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☒ Yes ☐ No ☐ Not Sure  
Driver ID Verified By\*\*: CDL

\*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)? If "yes," please describe below.

☐ Yes ☒ No ☐ Not Sure

(Attach additional sheets if necessary)

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