

TABLES &

GRAPHICS

Graphic images included in rules are published separately in this tables and graphics section. Graphic images are arranged in this section in the following order: Title Number, Part Number, Chapter Number and Section Number.

Graphic images are indicated in the text of the emergency, proposed, and adopted rules by the following tag: the word "Figure" followed by the TAC citation, rule number, and the appropriate subsection, paragraph, subparagraph, and so on.

Public Burden Statement

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-RRR, 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)

MEDICAL RECORD #

(or sticker)

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a.

AUTHORITY: Title 49, United States Code (USC), 49 USC 31133(a)(8) and 31149(c)(1)(E).

PURPOSE: To record results of a driver's physical examination, to determine qualification to operate a commercial motor vehicle (CMV), and to promote driver health in interstate commerce according to the requirements in 49 CFR 391.41-49. Providing this information is mandatory. If this information is not provided, the medical examiner will not be able to determine qualification to operate a CMV in interstate commerce according to the requirements in 49 CFR 391.41-49. To record results of a driver's physical examination and to determine qualification to operate a CMV in intrastate commerce when the driver is required by a State to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners in accordance with the provisions of 49 CFR 391.41-49 and any variances from the physical qualification standards adopted by such State.

Medical examiners are required to complete the Medical Examination Report Form for every driver physical examination performed in accordance with 49 CFR 391.41. Each original (paper or electronic) completed Medical Examination Report Form must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The medical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours after the request is made [49 CFR 391.43(i)].

ROUTINE USES: The information is used for the purpose set forth above and may be forwarded to Federal, State, or local law enforcement agencies for their use. Medical Examination Report Forms collected by FMCSA will be stored in FMCSA's automated National Registry of Certified Medical Examiners System and will be used to monitor the performance of medical examiners listed on the National Registry.

In addition to those disclosures permitted under 5 USC 552a(b) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transportation (DOT) Prefatory Statement of General Routine Uses published in the Federal Register on December 29, 2010 (75 FR 82132), under "Prefatory Statement of General Routine Uses" (available at <http://www.dot.gov/privacy/privacyact/ntotices>).

ACKNOWLEDGMENT: I understand the provisions of the Privacy Act of 1974 as related to me through the above-mentioned statement.

Driver's Signature: _____ Date: _____

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____
Street Address: _____ City: _____ State/Province: _____ Zip Code: _____
Driver's License Number: _____ Issuing State/Province: _____ Phone: _____ Gender: M F
E-mail (optional): _____ CLP Applicant* CLP Holder* CDL Applicant* CDL Holder*
Driver ID Verified By**: _____
Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

*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)? Yes No Not Sure

If "yes," please describe below.

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ Middle Initial: _____ DOB: _____ Exam Date: _____

DRIVER HEALTH HISTORY (continued)

Do you have or have your ever had:	Not				Not		
	Yes	No	Sure		Yes	No	Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems Insulin used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other health condition(s) not described above: Yes No Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below. Yes No Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: _____ Date: _____

SECTION 2. Examination Report (to be filled out by the medical examiner)

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ Middle Initial: _____ DOB: _____ Exam Date: _____

TESTING

Pulse rate: _____ Pulse rhythm regular: Yes No Height: ___ feet ___ inches Weight: ___ pounds

Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting			Urinalysis is required.				
Second reading (optional)			Numerical readings must be recorded.				
Other testing if indicated			Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.				
<input type="text"/> <input type="text"/> <input type="text"/>							

Vision				Hearing			
Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.				Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).			
Acuity	Uncorrected	Corrected	Horizontal Field of Vision	Check if hearing aid used for test: <input type="radio"/> Right Ear <input type="radio"/> Left Ear <input type="radio"/> Neither			
Right Eye:	20/___	20/___	Right Eye: ___ degrees	Whisper Test Results		Right Ear	Left Ear
Left Eye:	20/___	20/___	Left Eye: ___ degrees	Record distance (in feet) from driver at which a forced whispered voice can first be heard			
Both Eyes:	20/___	20/___					
Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors				OR			
Monocular vision				Audiometric Test Results			
Referred to ophthalmologist or optometrist?				Right Ear		Left Ear	
Received documentation from ophthalmologist or optometrist?				500 Hz	1000 Hz	2000 Hz	500 Hz 1000 Hz 2000 Hz
				Average (right): _____		Average (left): _____	

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving. Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input type="radio"/>	<input type="radio"/>	8. Abdomen	<input type="radio"/>	<input type="radio"/>
2. Skin	<input type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input type="radio"/>	<input type="radio"/>
3. Eyes	<input type="radio"/>	<input type="radio"/>	10. Back/Spine	<input type="radio"/>	<input type="radio"/>
4. Ears	<input type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input type="radio"/>	<input type="radio"/>	13. Gait	<input type="radio"/>	<input type="radio"/>
7. Lungs/chest	<input type="radio"/>	<input type="radio"/>	14. Vascular system	<input type="radio"/>	<input type="radio"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ Middle Initial: _____ DOB: _____ Exam Date: _____

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- Does not meet standards (specify reason): _____
- Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- Meets standards, but periodic monitoring required (specify reason): _____
 Driver qualified for: 3 months 6 months 1 year other (specify): _____
 Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____
 Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
 Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)
- Determination pending (specify reason): _____
 Return to medical exam office for follow-up on (must be 45 days or less): _____
 Medical Examination Report amended (specify reason): _____
 (if amended) Medical Examiner's Signature: _____ Date: _____
- Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: _____

MD DO Physician Assistant Chiropractor Advanced Practice Nurse

Other Practitioner (specify): _____

National Registry Number: _____ Medical Examiner's Certificate Expiration Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____ DOB: _____ Exam Date: _____

MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with 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):

- Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason): _____
- Meets standards in 49 CFR 391.41 with any applicable State variances
- Meets standards, but periodic monitoring required (specify reason): _____
 - Driver qualified for: 3 months 6 months 1 year other (specify): _____
 - Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____
 - Accompanied by a Skill Performance Evaluation (SPE) Certificate Grandfathered from State requirements (State)

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: _____

MD DO Physician Assistant Chiropractor Advanced Practice Nurse

Other Practitioner (specify): _____

National Registry Number: _____ Medical Examiner's Certificate Expiration Date: _____

Instructions for Completing the Medical Examination Report Form (MCSA-5875)

I. Step-By-Step Instructions

Driver:

Privacy Act Statement - Please read, sign and date the Statement acknowledging that you understand the provisions of the Privacy Act of 1974 as written.

Section 1: Driver information

- **Personal Information:** Please complete this section using your name as written on your driver's license, your current address and phone number, your date of birth, age, gender, driver's license number and issuing state.
 - **CLP Applicant/CLP Holder/CDL Applicant/CDL Holder:** Check if you are a commercial learner's permit applicant or holder or a commercial driver's license applicant or holder. Commercial driver's license (CDL) means a license issued by a State or the District of Columbia which authorizes the individual to operate a class of a commercial motor vehicle (CMV). A CMV that requires a CDL is one that: (1) has a gross combination weight rating or gross combination weight of 26,001 pounds or more inclusive of a towed unit with a gross vehicle weight rating (GVWR) or gross vehicle weight (GVW) of more than 10,000 pounds; or (2) has a GVWR or GVW of 26,001 pounds or more; or (3) is designed to transport 16 or more passengers, including the driver; or (4) is used to transport either hazardous materials requiring hazardous materials placards on the vehicle or any quantity of a select agent or toxin.
 - **Driver ID Verified By:** The Medical Examiner/staff completes this item and notes the type of photo ID used to verify the driver's identity such as, commercial driver's license, driver's license, or passport, etc.
 - **Question: Has your USDOT/FMCSA medical certificate ever been denied or issued for less than two years?** Please check the correct box "yes" or "no" and if you aren't sure check the "not sure" box.
- **Driver Health History:**
 - **Have you ever had surgery:** Please check "yes" if you have ever had surgery and provide a written explanation of the details (type of surgery, date of surgery, etc.)
 - **Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements):** Please check "yes" if you are taking any diet supplements, herbal remedies, or prescription or over the counter medications. In the box below the question, indicate the name of the medication and the dosage.
 - **#1-32:** Please complete this section by checking the "yes" box to indicate that you have, or have ever had, the health condition listed or the "No" box if you have not. Check the "not sure" box if you are unsure.
 - **Other Health Conditions not described above:** If you have, or have had, any other health conditions not listed in the section above, check "Yes" and in the box provided and list those condition(s).
 - **Any yes answers to questions #1-32 above:** If you have answered "yes" to any of the questions in the Driver Health History section above, please explain your answers further in the box below the question. For example, if you answered "yes" to question #5 regarding heart disease, heart attack, bypass, or other heart problem, indicate which type of heart condition. If you checked "yes" to question #23 regarding cancer, indicate the type of cancer. Please add any information that will be helpful to the Medical Examiner.
- **CMV Driver Signature and Date:** Please read the certification statement, sign and date it, indicating that the information you provided in Section 1 is accurate and complete.

Medical Examiner:

Section 2: Examination Report

- **Driver Health History Review:** Review answers provided by the driver in the driver health history section and discuss any “yes” and “not sure” responses. In addition, be sure to compare the medication list to the health history responses ensuring that the medication list matches the medical conditions noted. Explore with the driver any answers that seem unclear. Record any information that the driver omitted. As the Medical Examiner conducting the driver's physical examination you are required to complete the entire medical examination even if you detect a medical condition that you consider disqualifying, such as deafness. Medical Examiners are expected to determine the driver's physical qualification for operating a commercial vehicle safely. Thus, if you find a disqualifying condition for which a driver may receive a Federal Motor Carrier Safety Administration medical exemption, please record that on the driver's Medical Examiner's Certificate, Form MCSA-5876, as well as on the Medical Examination Report Form, MCSA-5875.
- **Testing:**
 - **Pulse rate and rhythm, height, and weight:** record these as indicated on the form.
 - **Blood Pressure:** record the blood pressure (systolic and diastolic) of the driver being examined. A second reading is optional and should be recorded if found to be necessary.
 - **Urinalysis:** record the numerical readings for the specific gravity, protein, blood and sugar.
 - **Vision:** The current vision standard is provided on the form. When other than the Snellen chart is used, give test results in Snellen-comparable values. When recording distance vision, use 20 feet as normal. Record the vision acuity results and indicate if the driver can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors; has monocular vision; has been referred to an ophthalmologist or optometrist; and if documentation has been received from an ophthalmologist or optometrist.
 - **Hearing:** The current hearing standard is provided on the form. Hearing can be tested using either a whisper test or audiometric test. Record the test results in the corresponding section for the test used.
- **Physical Examination:** Check the body systems for abnormalities and indicate normal or abnormal for each body system listed. Discuss any abnormal answers in detail in the space provided and indicate whether it would affect the driver's ability to safely operate a commercial motor vehicle.

In this next section, you will be completing either the Federal or State determination, not both.

- **Medical Examiner Determination (Federal):** Use this section for examinations performed in accordance with the FMCSRs (49 CFR 391.41-391.49). Complete the medical examiner determination section completely. When determining a driver's physical qualification, please note that English language proficiency (49 CFR part 391.11: General qualifications of drivers) is not factored into that determination.
 - **Does not meet standards:** Select this option when a driver is determined to be not qualified and provide an explanation of why the driver does not meet the standards in 49 CFR 391.41.
 - **Meets standards in 49 CFR 391.41; qualifies for 2-year certification:** Select this option when a driver is determined to be qualified and will be issued a 2-year Medical Examiner's Certificate.

- **Meets standards, but periodic monitoring is required:** Select this option when a driver is determined to be qualified but needs periodic monitoring and provide an explanation of why periodic monitoring is required. Select the corresponding time frame that the driver is qualified and if selecting other, specify the time frame.
 - **Determination that driver meets standards:** Select all categories that apply to the driver's certification (e.g., wearing corrective lenses, accompanied by a waiver/exemption, driving within an exempt intracity zone, etc.).
- **Determination pending:** Select this option when more information is needed to make a qualification decision and specify a date, on or before the 45 day expiration date, for the driver to return to the medical exam office for follow-up. This will allow for a delay of the qualification decision for as many as 45 days. If the disposition of the pending examination is not updated via the National Registry on or before the 45 day expiration date, FMCSA will notify the examining medical examiner and the driver in writing that the examination is no longer valid and that the driver is required to be re-examined.
 - **MER amended:** A Medical Examination Report Form (MER), MCSA-5875, may only be amended while in determination pending status for situations where new information (e.g., test results, etc.) has been received or there has been a change in the driver's medical status since the initial examination, but prior to a final qualification determination. Select this option when a Medical Examination Report Form, MCSA-5875, is being amended; provide the reason for the amendment, sign and date. In addition, initial and date any changes made on the Medical Examination Report Form, MCSA-5875. A Medical Examination Report Form, MCSA-5875, cannot be amended after an examination has been in determination pending status for more than 45 days or after a final qualification determination has been made. The driver is required to obtain a new physical examination and a new Medical Examination Report Form, MCSA-5875, should be completed.
- **Incomplete examination:** Select this when the physical examination is not completed for any reason (e.g., driver decides they do not want to continue with the examination and leaves) other than situations outlined under determination pending.
- **Medical Examiner information, signature and date:** Provide your name, address, phone number, occupation, license, certificate, or registration number and issuing state, national registry number, Medical Examiner's Certificate expiration date, signature and date.
- **Medical Examiner Determination (State):** Use this section for examinations performed in accordance with the FMCSRs (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations). Complete the medical examiner determination section completely.
 - **Does not meet standards in 49 CFR 391.41 with any applicable State variances:** Select this option when a driver is determined to be not qualified and provide an explanation of why the driver does not meet the standards in 49 CFR 391.41 with any applicable State variances.
 - **Meets standards in 49 CFR 391.41 with any applicable State variances:** Select this option when a driver is determined to be qualified and will be issued a 2-year Medical Examiner's Certificate.
 - **Meets standards, but periodic monitoring is required:** Select this option when a driver is determined to be qualified but needs periodic monitoring and provide an explanation of why periodic monitoring is required. Select the corresponding time frame that the driver is qualified and if selecting other, specify the time frame.
 - **Determination that driver meets standards:** Select all categories that apply to the driver's certification (e.g., wearing corrective lenses, accompanied by a waiver/exemption, etc.).

- **Medical Examiner information, signature and date:** Provide your name, address, phone number, occupation, license, certificate, or registration number and issuing state, national registry number, Medical Examiner's Certificate expiration date, signature and date.
- II. If updating an existing exam, you must resubmit the new exam results, via the Medical Examination Results Form, MCSA-5850, to the National Registry, and the most recent dated exam will take precedence.**
- III. To obtain additional information regarding this form go to the Medical Program's page on the Federal Motor Carrier Safety Administration's website at <http://www.fmcsa.dot.gov/regulations/medical>.**

Public Burden Statement

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 average 1 minute 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-RRR, 1200 New Jersey Avenue, SE, Washington, DC, 20590.



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

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 _____

Date Certificate Signed _____

Medical Examiner's Name (please print or type) _____

- MD Physician Assistant Advanced Practice Nurse
- DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number _____

Issuing State _____

National Registry Number _____

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

Figure: 37 TAC §14.14(d)

**TABLE I
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **one (1) penalty point** for each conviction if the date of the violation is within three (3) years of the date of the driving record evaluation.

Brakes not on all wheels required	Muffler violation
Carry passenger without a helmet	No automatic brake application on breakaway (trailer)
Clearance lamps improperly mounted	No beam indicator
Clearance lights not visible sufficient distance	No clearance lamps
Defective parking lamp(s)	No double trailer endorsement (CDL)
Defective safety glazing material	No fire extinguisher
Defective stop lamp(s)	No front seat belts (when required)
Defective tail lamp(s)	No hazmat endorsement (CDL)
Defective turn signal lamps	No head lamp(s) - not equipped
Defective windshield wiper	No motorcycle endorsement
Driving safety course sec. 143(a)(1)	No mud flaps or improper mud flaps
Endorsement violation CDL	No multiple-beam road lighting equipment
Fail to give info/render aid	No parking lamps
Hazardous material placard violation	No passenger vehicle endorsement (CDL)
Head lamps glaring not adjusted	No reflector(s) when required
Identification lamps not visible sufficient distance	No school bus endorsement (CDL)
Improper flashing lights	No stop lamps
Improper use of back-up lamp	No tail lamp(s) - not equipped
Improperly directed or adjusted lamp(s)	No tank vehicle endorsement (CDL)
Mirror violation	No turn signal lamps when required
More than four driving lamps lighted	No white flag on tow chain (or cable)

**TABLE I (continued)
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **one (1) penalty point** for each conviction if the date of the violation is within three (3) years of the date of the driving record evaluation.

No windshield wiper	Too many spot lamps
Pull more than one trailer or other vehicle	Unauthorized glass coating material
Red light(s) on front	Warning devices not installed or defective
Reflectors improperly mounted	Wrong color back-up lamp
Reflectors not visible sufficient distance	Wrong color clearance lamp(s)
Side marker lamps not visible sufficient distance	Wrong color identification lamps
Slow-moving vehicle emblem violation	Wrong color license plate light
Tail lamp(s) improperly located	Wrong color reflectors
Too many auxiliary driving lamps	Wrong color side marker
Too many auxiliary passing lamps	Wrong color signal device
Too many fog lamps	Wrong color spotlight

TABLE II
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION

Assess **two (2) penalty points** if the date of occurrence is within three (3) years of the date of the driving record evaluation. Persons disqualified because of penalty points assessed for crash* involvement shall be notified of their right to a review. (See below for review procedure)

Accident	Accident non-incapacitating injury
Accident citation issued	Accident non-injury
Accident fatal	Accident no citation issued
Accident incapacitating injury	Accident possible injury

REVIEW PROCEDURE FOR DISQUALIFICATION APPEAL
(2 point penalty assessments under Table II)

Two (2) points shall automatically be assessed for a crash involvement occurring within three (3) years of the date of the driver record evaluation which appears on the driver history record. Applicants disqualified on the basis of penalty points assessed for crash involvements appearing on their driving record may request a review by the person(s) designated by the employer to determine if they were a cause of the crash(es). The applicant must identify the specific crash involvement(s) to be reviewed. Request a copy of the crash report(s) on the approved form. Mail the form to Crash Records, Texas Department of Transportation at the address listed on the form.

The designated person(s) shall review information pertinent to the crash(es), which should include the **Texas Peace Officer's Crash Report**. In examining this report, consideration of such items as Charges Filed, Investigators' Narrative of What Happened, Diagram, and Factors/Conditions Contributing to the Crash should assist in making a determination as to whether or not the assessment of penalty points is appropriate.

If the designated person(s) reviews the crash report and any other pertinent information and determines that the applicant was not a cause of the crash(es), no penalty points should be assessed. If the designated person(s) determines that the applicant was a cause of the crash(es), two (2) penalty points shall be assessed for each crash.

*The terms "crash" and "accident" shall be used interchangeably.

SBT-12 (Rev 10/2015)

**TABLE III
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **three (3) penalty points** for each conviction if the date of violation is within three (3) years of the date of the driving record evaluation.

Allow passenger to stand/sit improperly on a school bus	Cut corner left turn
Bus driver failed to activate warning signal/equipment	Cut in after passing
Bus failed to stop at RR crossing	Did not use designated lane or direction
Bus shifting gears while crossing RR tracks	Display fictitious driver license
Careless driving	Disregard solid green turn signal arrow
Carry motorcycle passenger under 5; except in side car	Disregard warning signs or barricades
Changed lane when unsafe	Disregarded flashing red signal (at stop sign, etc.)
Child passenger safety seat offense	Disregarded flashing yellow signal
Coasting	Disregarded lane control signal
Coasting (truck, truck tractor or bus, specify) with clutch disengaged	Disregarded no lane change sign
Consume alcohol while driving	Disregarded no passing zone
Crossed RR with heavy equipment without notice	Disregarded warning sign at construction
Crossed RR with heavy equipment without stop (or safety)	Drawbar over 15 feet
Crossing fire hose without permission	Drive into block where fire engine stopped
Crossing physical barrier	Driving around barricades
Cut across driveway to make turn	Driver opened door in moving traffic
Disregarded police officer	Drove center lane (not passing, not turning left)
Disregarded RR crossing gate or flagman	Drove on or across streetcar track where prohibited
Disregarded signal at RR crossing	Drove on sidewalk
Disregarded traffic control device	Drove on wrong side—RR crossing
Disregarded turn marks at intersection	Drove on wrong side of approaching bridge

SBT-12 (Rev 10/2015)

TABLE III (continued)
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION

Assess **three (3) penalty points** for each conviction if the date of violation is within three (3) years of the date of the driving record evaluation.

Drove on wrong side of divided highway	Fail to pass met vehicle to right
Drove on wrong side of road	Fail to pass to right safely
Drove on wrong side road approaching intersection	Fail to signal for stop
Drove wrong side of road approaching RR grade crossing	Fail to signal required distance before turning
Drove on wrong side road awaiting access to ferry	Fail to signal turn
Drove onto (or from) controlled access highway where prohibited	Fail to signal with turn indicator
Drove through safety zone	Fail to sound horn-mountain road
Drove to left of rotary traffic island	Fail to stop at marked RR crossing
Drove without lights-when required	Fail to stop at proper place (at traffic light)
Drove wrong way on one-way roadway	Fail to stop at proper place (flashing red signal)
Fail to comply with requirements on striking fixtures on highway	Fail to stop at proper place (not intersection)
Fail to comply with requirements on striking unattended vehicle	Fail to stop for approaching train
Fail to control speed	Fail to stop for school bus (or remain stopped, specify)
Fail to dim headlights-following	Fail to stop for streetcar-or stop at wrong location
Fail to dim headlights-meeting	Fail to stop-designated point-at stop sign
Fail to drive in single lane	Fail to stop-designated point-at yield sign
Fail to give hand signals when required	Fail to stop-emerging from alley, driveway or building
Fail to give one-half of roadway	Fail to use due care for pedestrian
Fail to give way when overtaken	Fail to use proper headlight beam
Fail to keep right on mountain roadway	Fail to yield at stop intersection
Fail to pass left safely	Fail to yield at yield intersection

**TABLE III (continued)
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **three (3) penalty points** for each conviction if the date of violation is within three (3) years of the date of the driving record evaluation.

Fail to yield right of way	Failed to signal lane change
Fail to yield right of way from private road	Fail to yield for blind or incapacitated person
Fail to yield right of way - changing lanes	Fleeing from police officer
Fail to yield right of way - turning right on red signal	Following ambulance
Fail to yield right of way at open intersection (specify type)	Following fire apparatus
Fail to yield right of way leaving (private drive, alley, building)	Following too closely
Fail to yield right of way on green arrow signal	Following too closely--truck
Fail to yield right of way on green signal	Following too closely--caravan
Fail to yield right of way on left at obstruction	Heavy equipment disregarded signal of train
Fail to yield right of way to emergency vehicle	Illegal backing
Fail to yield right of way to pedestrian at signal intersection	Illegal load extension
Fail to yield right of way to pedestrian in crosswalk	Illegal pass on right
Fail to yield right of way to pedestrian in crosswalk-no signal	Illegally passed streetcar
Fail to yield right of way to pedestrian on sidewalk	Impeding traffic
Fail to yield right of way to pedestrian-green arrow signal	Improper lane change
Fail to yield right of way to pedestrian turning right or left at intersection	Improper lookout
Fail to yield right of way-turning left (at intersection, alley, private road or driveway)	Improper passing
Fail to yield to vehicle in intersection	Improper turn
Fail to yield to vehicle leaving highway	Improper turn or stop hand signal
	Improper use of auxiliary driving lamps
	Improper use of auxiliary passing lamps

**TABLE III (continued)
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **three (3) penalty points** for each conviction if the date of violation is within three (3) years of the date of the driving record evaluation.

Improper use of fog lamps	Operate school bus over passenger design capacity
Improper use of lighting-hwy. equip.	Operate school bus with door open
Improper use of spot lamps	Operate vehicle with more than one passenger-minor
Improper use of turn indicator	Operate vehicle where prohibited
Increased speed while being overtaken	Operate vehicle with child in open bed
Interfere with funeral procession	Parked double
Interfere with streetcar	Parked on a bridge or in a tunnel
Leaving scene of accident	Parked on crosswalk
Lack of caution on green arrow signal	Parked on grade-failed to turn wheels
Made a U-turn on curve or hill	Parked on roadway
Negligent collision	Parked with headlamps not dimmed
No commercial driver license (CDL)	Parked within an intersection
No driver license	Parked without lights
No flag or projecting load-daytime	Parked without locking ignition and/or removing key
No lamps (or reflectors) on project load at night	Passed streetcar on left without reducing speed or without caution
No seat belt-driver	Passed through barricade
No seat belt-passenger	Passed vehicle stopped for pedestrian
Obstructed view through windshield	Passed-insufficient clearance
Obstructing traffic	Passengers/load obstruct drivers view or control
Open container DRIVER	Passing authorized emergency vehicle
Operate motorcycle without approved headgear	Permitted/operated unsafe vehicle

SBT-12 (Rev 10/2015)

**TABLE III (continued)
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION**

Assess **three (3) penalty points** for each conviction if the date of violation is within three (3) years of the date of the driving record evaluation.

Person(s) riding in trailer or semi-trailer	Turned so as to impede or interfere with streetcar
Prohibited motor vehicle on controlled-access highway	Turned when unsafe
Racing-drag racing-acceleration contest, etc.	Unauthorized use of siren, bell or whistle
Ran red light	Unrestrained child under 4 or less than 36 inches in height not secured
Ran stop sign	by child passenger safety seat
Reckless driving	Unrestrained child - safety seat violation
Restriction violation-CDL	Unsafe speed (too fast for conditions)
Riding boat/watercraft drawn by vehicle	Unsafe start
Slower vehicle failed to keep right	Unsafe start from parked, stopped or standing position
Speed under minimum	Use of school bus signal for wrong purpose
Speeding	Use/operate/install/purchase/sell radar interference device
Speeding-10 mph maximum for solid tire	Use wireless device while driving bus
Speeding-15 miles or over (CDL)	Use wireless device while driving--minor
Speeding > 10% above posted speed limit	Use wireless device in school zone
Speeding over limit	Vehicle hauling explosives (or flammable materials) failed to stop
Speeding--school zone	at RR crossing
Too many riders on motorcycle	Vehicle hailing explosives failed to reduce speed at RR crossing
Turned across dividing section	Vehicle without required equipment or in unsafe condition
Turned left from wrong lane	Violate DL restriction on occupational license
Turned right from wrong lane	Violate DL restrictions
Turned right too wide	

TABLE III (continued)
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION

Assess **three (3) penalty points** for each conviction if the date of violation is within three (3) years of the date of the driving record evaluation.

- | | |
|---|--|
| Violate operating hours--minor | Warning devices not displayed (flags, fuses, flares, reflectors) |
| Violated out of service order | Wrong side of road-not passing |
| Violated out-of-service order hazmat and/or passenger | Wrong side, 4 or more lane, two-way roadway |

TABLE IV
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION

Assess **ten (10) penalty points** for each conviction if the date of the violation is within ten (10) years of the date of the driving record evaluation.

Aggravated assault with motor vehicle	Driving while license invalid bond forfeiture
Alcohol beverage code offense	Driving while license disqualified-CMV
Boating while intoxicated	Drug offense
Controlled substance act offense	Drug offense-bond forfeiture
Criminal negligent homicide with motor vehicle-1 st or 2 nd degree	Fail to stop and render aid-felony
Dangerous drug act offense	Fail to stop and render aid-misdemeanor
Driving under influence	Felony-use of CMV
Driving under influence (DUI)-minor	Felony-use of CMV-controlled substance
Driving while impaired	Intoxication assault
Driving while intoxicated	Intoxication assault motor vehicle
Driving while intoxicated – w/child under 15	Intoxication manslaughter
Driving while intoxicated-probated	Intoxication manslaughter motor vehicle
Driving while intoxicated bond forfeiture	Involuntary manslaughter with motor vehicle
Driving while license invalid	Volatile chemical act offense

TABLE V
SCHOOL BUS DRIVERS' DRIVING RECORD EVALUATION

Assess **ten (10) penalty points** for each conviction if the date of the violation is within ten (10) years of the date of the driving record evaluation.

ALR CMV disqualification - .04 or more	ALR suspension - failure
ALR CMV disqualification - .04 or more HAZMAT	ALR suspension - refusal
ALR CMV disqualification - refusal	ALR suspension – Under 21 – Refusal
ALR CMV disqualification - refusal - HAZMAT	ALR suspension – Under 21 - Failure