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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: _____ First Name: _____ Middle Initial: ____ Date of Birth: _____ Age: _____
 Street Address: _____ City: _____ State/Province: _____ Zip Code: _____
 Driver's License Number: _____ Issuing State/Province: _____ Phone: _____
 E-Mail (optional): _____ CLP/CDL Applicant/Holder*: Yes No
 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)? If "yes," please describe below. Yes No Not Sure

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

DRIVER HEALTH HISTORY *(continued)*

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

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

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).

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

I. Step-By-Step Instructions

Driver:

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, driver's license number and issuing state. **CLP/CDL Applicant/Holder:** Check "yes" if you are a commercial learner's permit (**CLP**) or commercial driver's license (**CDL**) holder, or are applying for a CLP or CDL. 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.

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 for, 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, signature and date.

Medical Examiner’s Certificate Expiration Date: Enter the date the **driver’s** Medical Examiner’s Certificate (MEC) expires.

• **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 for, 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, signature and date.

Medical Examiner's Certificate Expiration Date: Enter the date the **driver's** Medical Examiner's Certificate (MEC) expires.

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>.