
CDL Medical Certificate Form

Section 1: Driver Information

- Name (Last, First, Middle): _____
- Date of Birth: _____
- Driver's License Number: _____
- Phone Number: _____
- Address (City, State, Zip): _____
- Email Address: _____

Section 2: Health History

- Questions about the driver's medical history, including conditions like heart disease, high blood pressure, epilepsy, diabetes, and any history of alcohol or drug abuse. Drivers must answer "Yes" or "No" to each condition and provide details if the answer is "Yes."

Section 3: Vision Test

- Right Eye: _____
- Left Eye: _____
- Both Eyes: _____
- Corrective lenses required? (Yes/No): _____

Section 4: Hearing Test

- Hearing ability in the better ear (with or without hearing aid): _____

Section 5: Blood Pressure/Pulse Rate

- Blood Pressure: _____
- Pulse Rate: _____

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- Indicates cardiovascular health and potential for hypertension.

Section 6: Laboratory and Other Test Findings

- Includes results for urine analysis and may require additional testing based on medical history and examiner's findings.

Section 7: Medical Examiner's Certification

- The medical examiner must certify that based on the examination, the driver:
 - Meets the physical qualification requirements of the CDL without any restrictions.
 - Meets the physical qualification requirements with certain restrictions (to be listed).
 - Does not meet the physical qualification requirements.
- Medical Examiner's Name: _____
- Signature: _____
- Date: _____
- License Number: _____
- Phone Number: _____

Additional Notes

- Space for the examiner to provide any additional observations or recommendations.