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A Federal agency may request information, and a driver's consent is not required to request it, 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 (PRA) if the collection of information displays a current valid DMV license number. The DMV cannot forward for this information collection to a third party. Public reporting for this collection of information is estimated to average 15 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 sent directly to the Federal Motor Vehicle Administration, 401, 120 New Jersey Avenue, SE, Washington, D.C. 20590.



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

Medical Examination Report Form

(For Commercial Driver Medical Certification)

MEDICAL RECORD #

2449733

(or sticker)

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

Last Name: Pagan First Name: Ricardo Middle Initial: _____ Date of Birth: 10/23/1966 Age: 56
 Street Address: 21200 SE 155th St City: Umatilla State/Province: FL Zip Code: 32784
 Driver's License Number: P25272593830 Issuing State/Province: FL Phone: (407) 6974945
 E-Mail (optional): _____ CL/CDL Applicant/Holder*: Yes No
 Driver ID Verified by** COL
 Has your USDOT/MCSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

*MCSA Application/Issuance by reference to reference.

**Does ID Number by hand what type of photo ID was used to verify the identity of the driver (e.g., DL, Driver's license, passport).

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes" please list and explain below.

 Yes No Not Sure

Appendix

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? If "yes," please describe below.

 Yes No Not Sure

List below

(Attach additional sheets if necessary)

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