



March 3, 2014

Dear Health Care Provider:

PennDOT is now required to enter medical examiner information as part of the driving record and needs your help to ensure all holders of a Commercial Drivers License (CDL) subject to the physical qualification requirements of the Federal Motor Carrier Safety Regulations are providing a current, legible copy of their Medical Examiner's Certificate.

Please print your name, medical license number, telephone number, issue date, and expiration date on the Medical Examination Certificate, so that your information may be recorded correctly in PennDOT's system.

A number of Medical Examiner's Certificates have been submitted to PennDOT with a conflicting expiration date. One expiration date in the box labeled Medical Certification Expiration Date and the other by checking the "Qualified by operation of 49 CFR 391.64." When this box is marked, the expiration date of the Certificate cannot be any more than 12 months from the physical examination date. The only reason to check this block is if your patient has a particular restriction related to a diabetic and vision grandfathering study that was conducted in 1996. Individuals who were grandfathered must have an annual physical examination and must receive a new Medical Examiner's Certificate annually. If your patient does not meet this requirement, please do not check the block.

Similarly, when the Medical Examiner's Certificate is marked "Driving within an exempt intracity zone", the expiration date of the Certificate cannot be any more than 12 months from the physical examination date. This particular restriction is given to individuals who were otherwise qualified and have been operating a commercial motor vehicle in a municipality or exempt intracity zone since November 18, 1988 and have an otherwise disqualifying medical condition which has not worsened since July 1, 1988. This restriction is very uncommon. (Additional information can be found in the Federal Motor Carrier Safety Regulations under 49 CFR 391.62.)

Attached is a sample Medical Examiner's Certificate for your reference. If you have any questions on determining a driver's physical qualification to operate a commercial motor vehicle, you can refer to the instruction outlined in 49 CFR 391.41, <http://fmcsa.dot.gov/rules-regulations/topics/medical/medical.htm>, which outlines specific guidance on completing this physical. If you or your patients have any questions relating to this change in Pennsylvania, please visit www.dmv.state.pa.us and click on "New CDL Law".

Sincerely,

A handwritten signature in black ink that reads "Kara N. Templeton". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Kara N. Templeton, Director
Bureau of Driver Licensing

Enclosure

Please remember to enlarge the wallet card to 5 inches by 7 inches before submitting to PennDOT

MEDICAL EXAMINER'S CERTIFICATE					
I certify that I have examined _____ in accordance with 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:					
<input type="checkbox"/> wearing corrective lenses		<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)			
<input type="checkbox"/> wearing hearing aid		<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)			
<input type="checkbox"/> accompanied by a _____ waiver/exemption		<input type="checkbox"/> qualified by operation of 49 CFR 391.64			
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.					
SIGNATURE OF MEDICAL EXAMINER		TELEPHONE		DATE	
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MD <input type="checkbox"/> Chiropractor <input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner			
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE		NATIONAL REGISTRY NO.			
SIGNATURE OF DRIVER		INTRASTATE ONLY	CDL	DRIVER'S LICENSE NO.	STATE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS OF DRIVER					
MEDICAL CERTIFICATION EXPIRATION DATE					

With either of these restriction boxes selected, The certificate may not exceed a year in duration

This information will become part of the driver's record

Before submitting this information to PennDOT, Please make sure that all of the information, including, dates and doctor information are accurate and legible.