

From: [SOS, Third Party Testing](#)
To: [SOS, Third Party Testing](#)
Subject: Notice to CDL testers 11-30-15
Date: Monday, November 30, 2015 3:13:32 PM
Attachments: [oledata.mso](#)
[MCSA-5876_10.07.2015.pdf](#)

The Federal Motor Carrier Safety Administration and the Michigan Department of State's CDL Help Desk has asked our office to share this information about medical exams for CDL holders.

New Medical Certificate Form Required

Beginning Dec. 22, 2015, **medical examiners must use a new medical examiner's certificate (form MCSA-5876) when certifying the medical status of commercial vehicle drivers.** (A PDF of the MCSA-5876 is attached.) This new Federal Motor Carrier Safety Administration requirement is part of the Medical Examiner's Certification Integration Final Rule. Please share with your constituents and affected members.

FMCSA has made it very clear that any certificates for medical exams dated on or after Dec. 22, 2015 that fail to use the new MCSA-5876 **WILL NOT be accepted** by the Michigan Department of State. Applicants will be sent back to the medical examiner to obtain a certificate that is completed using the new form.

Old forms based on medical exams that were administered **before** Dec. 22, 2015 may still be accepted.

FMCSA has been conducting webinars with the medical community and has created a document that explains the changes that impact Certified Medical Examiners. This document can be found at the FMCSA website at:

<https://nationalregistry.fmcsa.dot.gov/ResourceCenter/documents/NRII%20and%20MEC.pdf>

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[Please contact the CDL Help Desk at 517-636-7474 with questions about the new form or the reporting requirements.](#)

Public Burden Statement

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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
- Wearing hearing aid
- Accompanied by a _____ waiver/exemption
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone ([49 CFR 391.62](#)) (Federal)
- 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
- DO
- Physician Assistant
- Chiropractor
- Advanced Practice Nurse
- 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