



**Motor Carrier Attachment 36:
Vehicle 2 Driver Medical Certificate**

**Cranbury, NJ; 06/07/2014
HWY14MH012**

(2 pages)

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 rules, I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses
- driving within an exempt intracity zone (49 CFR 391.82)
- wearing hearing aid
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- accompanied by a _____
- qualified by operation of 49 CFR 391.64
- waiver of inspection

The information I have provided regarding this physical examination is true and complete. A complete examination form with my attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER [Redacted]		DATE 12/11/2013	
MEDICAL EXAMINER'S NAME (PRINT) [Redacted]		<input checked="" type="checkbox"/> MD	<input type="checkbox"/> Chiropractor
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. [Redacted]		<input type="checkbox"/> DO	<input type="checkbox"/> Advanced Practice Nurse
ISSUING STATE DE		<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Other Practitioner
NATIONAL REGISTRY NO. [Redacted]			
SIGNATURE OF DRIVER [Redacted]		INTRASTATE ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DRIVER'S LICENSE NO. [Redacted]		STATE DE	
ADDRESS OF DRIVER [Redacted], Millsboro DE 19966			
MEDICAL CERTIFICATION EXPIRATION DATE 7/12/14			

MOTOR CARRIER COPY

SEPARATE MOTOR CARRIER COPY BEFORE REMOVING LINER FROM LAMINATE