



**NOTICE TO ALL COMMERCIAL DRIVER MEDICAL CERTIFICANT APPLICANTS**

**PLEASE READ AND SIGN THIS AGREEMENT**

**IF YOU ARE UNABLE TO SIGN THIS AGREEMENT FOR ANY REASON, WE WILL NOT BE ABLE TO COMPLETE YOUR FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION EXAM TODAY.**

Driver Name: \_\_\_\_\_

I understand that I am bound to FULL DISCLOSURE of my health history TO THE BEST OF MY KNOWLEDGE on form MCSA – 5875 in compliance with the Rules and Regulations of 49CFR 391.41 under “Qualifications for Drivers.” Failure to fully disclose this information to the FMCSA-certified medical examiner, may subject me to penalties, fines, and/or imprisonment under the applicable laws within the jurisdiction of the Federal Motor Carrier Safety Administration (FMCSA).

**STATEMENT**

I UNDERSTAND THAT I MUST DISCLOSE ANY AND ALL OF MY MEDICAL HISTORY TO THE MEDICAL EXAMINER FOR CURRENT OR PAST, DIAGNOSED OR SUSPECTED CONDITIONS, **WHETHER TREATED OR UNTREATED.**

FURTHERMORE, I AGREE TO PROVIDE ALL NECESSARY SUPPORTING DOCUMENTATION REQUESTED BY THE MEDICAL EXAMINER. THIS INCLUDES, BUT IS NOT LIMITED TO: BLOOD GLUCOSE MONITORING LOGS, SLEEP DEVICE COMPLIANCE REPORTS, AND OTHER PERTINENT MEDICAL RECORDS.

I AGREE TO ARRANGE FOR AND COMPLETE, **AT MY EXPENSE**, ANY OTHER MEDICAL EXAMS OR TESTING DEEMED NECESSARY BY THE EXAMINER IN ORDER TO FULFILL HIS OR HER DUTIES IN COMPLETING THE EXAM AS PRESCRIBED BY THE FMCSA. THIS MAY INCLUDE CARDIAC STRESS TESTING, SLEEP APNEA STUDIES, DRUG SCREENING, BREATH ALCOHOL SCREENING, OR ANY OTHER PROCEDURE DEEMED NECESSARY BY THE EXAMINER.

I UNDERSTAND THAT MY PAYMENT FOR THIS EXAMINATION **DOES NOT GUARANTEE** ISSUANCE OF A CERTIFICATE AND THAT THE FEE IS NON-REFUNDABLE.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_