

DEPARTMENT OF THE NAVY 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/or NAVFAC P-307 and with knowledge of the driving duties of:

OR

• the requirements of NAVMED P-117, NAVSEA SW023-AH-WHM-010, NAVSUP P-538, or NAVFAC P-300 or other applicable documents and with knowledge of the duties of:

- A) CIVILIAN Commercial (706) or Explosives-carrying (720) Motor Vehicle Operator, highway use, **MUST USE** MCSA-5876 Medical Examiner's Certificate.
- B) MILITARY Commercial (706) or Explosives - carrying (720) or Marine Corps Tactical Motor Vehicle Operator (706 or 720), highway use, or
- C) MILITARY/CIVILIAN Weight Handling Equipment (non-highway, including cranes) Operator (704), or
- D) MILITARY/CIVILIAN Explosives Handler or Operator of Explosives Material Handling Equipment (MHE), including forklifts, non-highway use (721), or
- E) MILITARY/CIVILIAN Non-explosive MHE Operator (710), non-highway use, or
- F) MILITARY/CIVILIAN Civil Engineering Support Equipment Operator (712), or
- G) MILITARY/CIVILIAN Government highway use vehicle not requiring CDL Operator (712).

Note highest level (B to G) driver or operator is qualified to operate. Level A drivers **WILL NOT** be documented on this form.

Enter only 1.

Cross-outs not allowed.

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

- Wearing corrective lenses
- Wearing hearing aid(s)

RESTRICTIONS:

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

SIGNATURE OF MEDICAL EXAMINER:

MEDICAL EXAMINER TELEPHONE NUMBER:

MEDICAL EXAMINER SIGNATURE DATE:

MEDICAL EXAMINER'S NAME (Print or stamp):

- MD
- Advanced Practice Nurse
- DO
- Independent Duty Corpsman (Only D-G, Active Duty only)
- Physician Assistant

DRIVER OR HANDLER MEDICAL CERTIFICATION EXPIRATION DATE (List by category if dates differ):

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER (Required for levels B & C):

ISSUING STATE/U.S. TERRITORY OF MEDICAL EXAMINER'S CERTIFICATE (Required for levels B & C):

DRIVER OR HANDLER'S NAME (Print):

DRIVER OR HANDLER'S DoD ID:

DRIVER OR HANDLER'S SIGNATURE:

DRIVER OR HANDLER'S SIGNATURE DATE: