

MedCert Primer (v.Aug2019)

- MedCerts are separate from AA&E Screenings.
- Not all-encompassing; use references for up-to-date info
- Includes most common forms used at a particular time
- Slides 2-8 display the only current acceptable MedCerts for Explosives Drivers or Explosives Handlers/MHE Operators
- Drivers/Handlers/Operators with completed current MedCert form versions may be non-compliant if listed criteria is not met
 - EX: Jul2014 form certified, but obtained after Feb2015
- Drivers, Handlers, and [MHE] Operators, are encouraged to obtain the latest version of OPNAV 8020/6 (currently Jun2019)

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:	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, or Operator of Explosives Carrying Motor Vehicle on Installation, 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.
<div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;">OR</div>		
• the requirements of NAVMED P-117, NAVSEA SW023-AH-WHM-D10, NAVSUP P-538, or NAVFAC P-300 or other applicable documents and with knowledge of the duties of:		
I find this person qualified; and if applicable, only when: <input type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> 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): <input type="checkbox"/> MD <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> DO <input type="checkbox"/> Independent Duty Corpsman (Only D-G, Active Duty only) <input type="checkbox"/> 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:	

OPNAV 8020/6 (REV. JUN-2019)

DEPARTMENT OF THE NAVY MEDICAL EXAMINER'S CERTIFICATE	
I certify that I have examined _____ in accordance with _____	
HANDLER RESTRICTIONS:	
I find this person qualified; and if applicable, only when: <input type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> Wearing hearing aid(s)	
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.	
MEDICAL EXAMINER'S NAME (Print):	<input type="checkbox"/> MD <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> DO <input type="checkbox"/> Independent Duty Corpsman (Only D-G, Active duty only) <input type="checkbox"/> Physician Assistant
SIGNATURE OF MEDICAL EXAMINER:	MEDICAL EXAMINER SIGNATURE DATE:
DRIVER OR HANDLER MEDICAL CERT. EXPIRATION DATE (List by cat. if necessary):	MEDICAL EXAMINER TELEPHONE NUMBER:
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER (Req. for levels B & C):	ISSUING STATE/U.S. TERRITORY OF MEDICAL EXAM. CERT (Req. for levels B&C):
DRIVER/HANDLER NAME (Print):	DRIVER/HANDLER DoD ID:
DRIVER/HANDLER SIGNATURE:	DRIVER/HANDLER SIGNATURE DATE:
Duplicate information downsized to a wallet sized card	

**Current MedCert (REV. JUN-2019) which includes a wallet-size Page-2.
Applicable to Drivers, Handlers, and [MHE] Operators.**

Update from previous form includes on-station/non-highway Drivers provisions under level D.

**“Highest Level” must be appropriately selected, determined by 720/721 exam performed.
Independent Duty Corpsmen may certify levels ‘D’ through ‘G’ for active duty members only.**

Valid until the expiration date.

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:

DEPARTMENT OF THE NAVY MEDICAL EXAMINER'S CERTIFICATE	
I certify that I have examined _____ in accordance with _____	
HANDLER RESTRICTIONS: _____	
I find this person qualified; and if applicable, only when: <input type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> Wearing hearing aid(s)	
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.	
MEDICAL EXAMINER'S NAME (Print): _____	<input type="checkbox"/> MD <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> DO <input type="checkbox"/> Independent Duty Corpsman (Only D-G, Active duty only) <input type="checkbox"/> Physician Assistant
SIGNATURE OF MEDICAL EXAMINER: _____	MEDICAL EXAMINER SIGNATURE DATE: _____
DRIVER OR HANDLER, MEDICAL CERT. EXPIRATION DATE (List by cat. if necessary): _____	MEDICAL EXAMINER TELEPHONE NUMBER: _____
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER (Req. for levels B & C): _____	ISSUING STATE/U.S. TERRITORY OF MEDICAL EXAM. CERT (Req. for levels B&C): _____
DRIVER/HANDLER NAME (Print): _____	DRIVER/HANDLER DoD ID: _____
DRIVER/HANDLER SIGNATURE: _____	DRIVER/HANDLER SIGNATURE DATE: _____
Duplicate information downsized to a wallet sized card	

MedCert (REV. JUN-2018) may be accepted if obtained BEFORE Jun2019.
Valid until the expiration date.

DEPARTMENT OF THE NAVY MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____ in accordance with

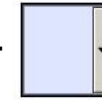
• the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and/or NAVFAC P-307 and with knowledge of the driving duties of:

- 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

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:

- D) MILITARY/CIVILIAN Explosives Material Handler or Operator of Explosives Handling Equipment (MHE), including forklifts, or Operator of Explosives Carrying Motor Vehicle, 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.

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:

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:

DRIVER OR HANDLER'S NAME (Print):

DRIVER OR HANDLER'S SIGNATURE DATE:

SIGNATURE OF DRIVER OR HANDLER:

**MedCert (REV. APR-2018) may be accepted if obtained BEFORE Jun2018.
Valid until the expiration date.**

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 through 49 CFR 391.49) and/or NAVFAC P-307 with knowledge of driving duties of:

OR

the requirements of NAVSEA SW023-AH-WHM-010, NAVSUP P-538, 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, or
 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 (including cranes) Operator (704), or
 D) MILITARY/CIVILIAN Explosives Material Handling Equipment, including forklifts (MHE) Operator (721), non-highway use, 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), and/or
 MILITARY/CIVILIAN Explosives Handler NOT operating MHE (721) (MARK "X", if also F or G vehicle operator, ALSO select or write F or G in box above.)

Note highest level (A to G) driver or operator is qualified to operate.
 Enter only 1
 Cross-outs not allowed

HANDLER RESTRICTIONS (721 ONLY):

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

Wearing corrective lenses
 Driving within an exempt intracity zone (49 CFR 391.62)
 Qualified by operation of 49 CFR 391.64
 Wearing hearing aid(s)
 Accompanied by a Skill Performance Evaluation Certificate (SPE)
 Accompanied by a _____ waiver/exemption

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.

MEDICAL EXAMINER'S NAME (Print): _____

MD Nurse Practitioner
 DO Independent Duty Corpsman (levels D, E, F only) (For active duty personnel only)
 Physician Assistant

SIGNATURE OF MEDICAL EXAMINER: _____

TELEPHONE NUMBER: _____

DATE: _____

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER: (Required for levels A,B,C only) _____

ISSUING STATE/US TERRITORY: (Required for levels A,B,C only) _____

NATIONAL FMCSA REGISTRY NUMBER: (Required for level A only) _____

SIGNATURE OF EXAMINEE: _____

INTRASTATE ONLY: YES NO
 CDL: YES NO

DRIVER LICENSE NUMBER: _____

STATE/U.S. TERRITORY: _____

HOME ADDRESS OF EXAMINEE: _____

MEDICAL CERTIFICATION EXPIRATION DATE: _____

MedCert (REV FEB 2015) may be accepted if obtained BEFORE Apr 2018.
 Valid until the expiration date.

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.41-391.49) and with knowledge of driving duties of:

- A) CIVILIAN Commercial or Explosives-carrying Motor Vehicle Operator, or
 B) MILITARY Commercial or Explosives - carrying or Marine Tactical Motor Vehicle Operator, or
 C) MILITARY OR CIVILIAN Weight Handling Equipment (Including cranes) Operator,

Note highest level (A to F) is qualified to operate.

Enter only 1

Cross-outs not allowed

OR

the requirements of NAVSUP P-538 or NAVFAC P-300 or other applicable documents and with knowledge of the duties of:

- D) MILITARY OR CIVILIAN Material Handling Equipment (including forklifts) Operator, or
 E) MILITARY OR CIVILIAN Civil Engineering Support Equipment Operator, or
 F) MILITARY OR CIVILIAN Government-owned vehicle for highway use (not requiring CDL) Operator.

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

- Wearing corrective lenses Accompanied by a _____ waiver/exemption Accompanied by a Skill Performance Evaluation Certificate
 Wearing hearing aid(s) Driving within an exempt intracity zone (49 CFR 391.62) 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 attachments embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER:

TELEPHONE NUMBER:

DATE:

MEDICAL EXAMINER'S NAME (Print):

 MD Advanced Practice Nurse DO Independent Duty Corpsman (levels D, E, F only)
(For active duty personnel only) Physician AssistantMEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER:
(Required for levels A,B,C only)ISSUING STATE:
(Required for levels A,B,C only)NATIONAL FMCSA REGISTRY NUMBER:
(Required for level A only)

SIGNATURE OF DRIVER:

INTRASTATE ONLY:

CDL:

DRIVER LICENSE NUMBER:

STATE:

 YES NO YES NO

ADDRESS OF DRIVER:

MEDICAL CERTIFICATION EXPIRATION DATE:

**MedCert (REV JUL 2014) may be accepted if obtained BEFORE Feb 2015.
 Valid until the expiration date.**

DEPARTMENT OF THE NAVY
 MEDICAL EXAMINER'S CERTIFICATE

EXPLOSIVE OPERATOR/DOT EXPLOSIVE OPERATOR/DOT

I certify that I have examined _____ in accordance with the FMCSA 49 CFR 391.41-391.49 and with knowledge of the driving duties, I find this person qualified; and if applicable, only when:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Wearing corrective lenses
<input type="checkbox"/> Wearing hearing aid(s)
<input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62)
<input type="checkbox"/> Accompanied by a Skill Performance Evaluation Certificate
<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 exam form with any attachments embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER:	TELEPHONE NUMBER:	DATE:
MEDICAL EXAMINER'S NAME <i>(Print)</i> :	<input type="checkbox"/> MD <input type="checkbox"/> DO	<input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE NURSE
MEDICAL EXAMINER'S LICENSE/CERT. NO/ISSUING STATE:	MEDICAL CERTIFICATE EXPIRATION DATE:	
SIGNATURE OF DRIVER:	DRIVER LICENSE NUMBER:	STATE ISSUED:
DRIVER ADDRESS <i>(Street, City, State, Zip)</i> :		

NOTE: Driver **MUST** carry a copy of this certification when operating a commercial motor vehicle in accordance with 49 CFR 391.41(a). This Explosive/Operator/DOT Medical Certification is also valid for Explosive Material Handling (721) and Forklift operation (710)

MedCert (8/2008; DRIVERS ONLY) may be accepted if obtained BEFORE Feb 2015.
Valid until the expiration date.

DEPARTMENT OF THE NAVY EXPLOSIVE HANDLER OR FORKLIFT OPERATOR

I certify that I have examined _____ in accordance with

(check all that apply)

NAVSEA OP 5 & NAVMED P-117 (Explosive Material Handler, Program 721)

NAVSUP Pub 538 & NAVFAC P-300 (Forklift Operator, Program 710)

and with knowledge of the worker's position duties, I find this person

Qualified without restrictions

Qualified with the following restrictions:

Signature of Independent Medical Provider

MD/DO

PA

ANP

IDC

Exam Date

Independent Medical Provider Name (print)

Expiration Date

Clinic and Location of Independent Medical Provider

A copy of this examination is on file in my office

Phone

Signature of Handler / Operator

Handler / Operator Date of Birth

OPNAV 8020/2 (Rev 8/2011)

FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE: Any misuse or unauthorized disclosure of this information may result in both criminal and civil penalties

MedCert (8020/2; HANDLERS/MHE OPERATORS ONLY) may be accepted if obtained BEFORE Feb 2015.

Valid until the expiration date.

EXPLOSIVE HANDLER/FORKLIFT ONLY DEPARTMENT OF THE NAVY EXPLOSIVE HANDLER/FORKLIFT ONLY

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____ in accordance with

NAVSEA OP 5 and NAVMED P-117

and with knowledge of the position duties of Explosive Handler I find this person

 Qualified without restrictions Qualified with restrictions noted below

_____ copy of this examination is on file in my office.

Signature of Medical Examiner

Telephone No.

Exam Date

Medical Examiner's Name (print)

MD/DO

PA

ANP

Medical Examiner's License/Cert. No./Issuing State

Exam Certificate Expiration Date

Signature of Handler

Date of Birth (MM/DD/YYYY)

Restrictions (if any):

Limited to current position only

OTHER (please specify)

OPNAV 8020-2 (Rev 8-2008)

NOTE: This Medical Certificate is valid for Explosive Mhe/FL(721) programs and Forklift (710) operation.

MedCert (8020-2 Rev 8-2008; HANDLERS AND MHE OPERATORS ONLY) obsolete.**Individuals possessing this MedCert, regardless of expiration date, are not authorized to perform any explosives operations.**

DEPARTMENT OF NAVY

OPNAVINST 8023.24

EXPLOSIVE VEHICLE OPERATOR

MEDICAL EXAMINER'S CERTIFICATE

EXPLOSIVE VEHICLE OPERATOR

I certify that I have examined _____ in accordance with FMCSA 49 CFR 391.41-391.49 regulations and with knowledge of the driving duties I find this person is qualified; and if applicable, only when:

Wearing corrective lenses

Wearing hearing aid (s)

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

Signature of Medical Examiner

Telephone No.

Date of Examination

Medical Certificate Expiration Date

Medical Examiner's Name (print)

MD
 D

Physician's Assistant
Advanced Practice Nurse

Medical Examiner's License/Cert. No./Issuing State

Signature of Driver

Driver License #

State

Driver Address (Street, City, State, Zip)

NOTE: Driver MUST carry a copy of this certificate when operating an explosive motor vehicle in accordance with 49 CFR 391.41 (a). This Explosive Vehicle Operator Medical Certificate is also valid for Explosive Material Handling (721) and Forklift operation (710).

OPNAV 8020-6 (Rev 8-2008)

MedCert (8020-6 Rev 8-2008; DRIVERS ONLY) obsolete.

Individuals possessing this MedCert, regardless of expiration date, are not authorized to perform any explosives operations.

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 _____.			
SIGNATURE OF MEDICAL EXAMINER		TELEPHONE	DATE
MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> Doctor of Medicine <input type="checkbox"/> Doctor of Podiatry <input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE	NATIONAL REGISTER NO.		
SIGNATURE OF DRIVER	INTRASTATE ONLY CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER LICENSE NO.	STATE
ADDRESS OF DRIVER			
MEDICAL CERTIFICATION EXPIRATION DATE			

MedCert (pre-2008; DRIVERS ONLY) obsolete.

Individuals possessing this MedCert, regardless of expiration date, are not authorized to perform any explosives operations.

References

- Manual of the Medical Department,
U.S. Navy, NAVMED P-117, Chapter 15-107
- NAVSEA OP 5 Volume 1,
Ammunition and Explosives Safety Ashore
- OPNAV 8020/6
- Federal Motor Carrier Safety regulations
49 CFR 391.41-391.49
- NAVFAC P-307
Weight Handling Program Management
- Navy and Marine Corps Public Health Center Technical Manual
NMCPHC-TM OM 6260 (“Medical Matrix”)