

Date: [Insert Date]

To: [Driver Name]

Address: [Driver Address]

Driver's License Number: [DL Number]

**Subject: Pending Status of Commercial Driver Medical Certificate**

Dear [Driver Name],

The medical examination for your Commercial Driver Medical Certificate, performed on [Date of Exam], is currently in a **Pending** status. We are unable to complete your certification at this time due to missing medical information.

To finalize your qualification, the following additional records or documentation must be submitted:

- [Record Type 1 - e.g., Sleep Study Results]
- [Record Type 2 - e.g., Specialist Clearance Letter]
- [Record Type 3 - e.g., Stress Test Report]

Please provide these documents to our office by [Deadline Date]. Failure to provide the required information within this timeframe may result in a formal "Incomplete" or "Disqualified" status, and you may be required to undergo a new examination.

Once the records are received and reviewed, a final determination regarding your medical certification will be made.

Documents can be submitted via:

- Fax: [Fax Number]
- Email: [Email Address]
- In Person: [Office Address]

If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Examiner Name/Signature]

[Medical Practice Name]

[Phone Number]