

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

[Driver Name]
[Driver Address]
[City, State, Zip Code]

Subject: Notice of Permanent Medical Disqualification

Dear [Driver Name],

This letter is to formally notify you that, based on the medical examination conducted on [Date] by [Medical Examiner Name], you have been determined to be permanently medically disqualified from operating a commercial motor vehicle (CMV) under [Relevant Regulation, e.g., FMCSA 49 CFR 391.41].

The medical examiner has concluded that you do not meet the minimum physical qualifications necessary to perform the essential functions of a commercial driver. Due to the permanent nature of this medical condition, you are no longer eligible to hold a valid Medical Examiner's Certificate.

As a result of this disqualification, your employment as a driver with [Company Name] is impacted as follows:

- You must immediately cease all commercial driving duties.
- [Insert details regarding termination of employment or internal transfer options].
- [Insert information regarding final pay and benefits].

If you believe this assessment is in error, you may have the right to seek a secondary medical evaluation or apply for a medical waiver/exemption through the appropriate regulatory authorities, where applicable. Please contact the [Human Resources Department] if you have questions regarding your benefits or the administrative process.

We thank you for your service to [Company Name] and wish you the best in your future endeavors.

Sincerely,

[Signature]
[Name of Authorized Representative]
[Title]
[Company Name]