[Date]

[Medical Examiner's Name]
[Clinic/Facility Name]
[Street Address]
[City, State, Zip Code]

To: [State Driver Licensing Agency / Department of Motor Vehicles]
Subject: Medical Certification for Commercial Driver's License (CDL)

Dear Sir/Madam,

This letter is to certify that I have performed a physical examination on the following individual in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- **Driver Name:** [Full Name of Driver]
- **Date of Birth:** [MM/DD/YYYY]
- **Driver's License Number:** [License Number]
- **State of Issue:** [State]

Based on the results of this medical examination, the driver has been found medically qualified to operate a commercial motor vehicle. The Medical Examiner's Certificate (MEC) has been issued with the following details:

- **Certificate Expiration Date:** [Expiration Date]
- **Medical Examiner Registry Number:** [National Registry Number]
- **Restrictions/Variances (if any):** [e.g., Corrective Lenses, Hearing Aid, Diabetes/Seizure Waiver]

Please update the driver's record to reflect this current medical certification status. If you require additional documentation or have any questions, please contact our office at [Phone Number].

Sincerely,

[Signature of Medical Examiner]
[Printed Name of Medical Examiner]
[Professional Credentials: e.g., MD, DO, PA, NP, DC]