

Date: [Date]

To: [Medical Examiner Name/Clinic Name]

Address: [Clinic Address]

Phone: [Clinic Phone Number]

Subject: Commercial Driver Fitness for Duty Examination

Dear [Medical Examiner Name],

This letter is regarding [Driver Full Name], Date of Birth: [DOB], Driver's License Number: [DL Number].

As the employer/requesting party, we are requesting a formal Fitness for Duty Evaluation to determine if the aforementioned individual meets the physical qualification standards required to operate a commercial motor vehicle (CMV) in accordance with Federal Motor Carrier Safety Administration (FMCSA) regulations (49 CFR 391.41).

The driver's primary job responsibilities include:

- Operating vehicles with a gross weight of [Weight] lbs.
- [Lifting/Loading requirements, e.g., lifting up to 50 lbs].
- [Driving duration/Shift details, e.g., long-haul overnight].
- [Other specific physical demands].

Please conduct a comprehensive examination and provide a determination on whether the driver is:

- Physically qualified to drive.
- Qualified only when wearing corrective lenses/hearing aid.
- Temporarily disqualified pending further testing or treatment.
- Disqualified.

Upon completion, please provide the Medical Examiner's Certificate (MEC) or a summary of the qualification status to the driver and/or this office as permitted by law.

Sincerely,

[Your Name/Signature]

[Title]

[Company Name]

[Contact Phone]