Date: [Insert Date]

To: [Employer Name/Company Name]
Attention: [Contact Person or HR Department]
Address: [Company Address]

Subject: DOT Fitness for Duty Certification

Employee Name: [Insert Employee Full Name]

Driver License Number/State: [Insert DL Number and State]

Date of Birth: [Insert DOB]

To Whom It May Concern,

I have completed a formal medical evaluation and/or clinical assessment of the above-named individual to determine their physical and mental fitness to perform the essential functions of a commercial motor vehicle (CMV) driver, as defined by Department of Transportation (DOT) and Federal Motor Carrier Safety Administration (FMCSA) regulations (49 CFR $ 391.41).

Based on my examination and the medical documentation provided, I hereby certify the following:

[ ] The employee is **Fit for Duty** and may return to safety-sensitive functions without restrictions effective [Insert Date].

[ ] The employee is **Fit for Duty with Restrictions**. Restrictions include: [Insert Restrictions].

[ ] The employee is **Not Fit for Duty** at this time.

This certification is based on the medical information available at the time of the exam. The driver is still required to maintain a valid Medical Examiner's Certificate (MEC) on their person/record as required by law.

Sincerely,

[Signature of Medical Provider]
Provider Name: [Insert Name]
Title: [e.g., MD, DO, PA, NP]
NRCME Registration Number: [Insert National Registry Number]
Clinic Name: [Insert Clinic/Office Name]
Phone: [Insert Phone Number]