

NOTICE OF PROPOSED GUIDANCE DOCUMENT

CDL Medical Requirements

Pursuant to Wis. Stat. s. 227.112, the Wisconsin Department of Transportation is hereby seeking comment on CDL Medical Requirements s.343 a proposed guidance document.

PUBLIC COMMENTS AND DEADLINE FOR SUBMISSION

Comments may be submitted to the Wisconsin Department of Transportation for 21 days by:

1. Department's website:

<https://appengine.egov.com/apps/wi/dot/guidance-docs?guidDocId=DMV27>

2. Mailing written comments to:

Division of Motor Vehicles
Wisconsin Department of Transportation
4822 Madison Yards Way
PO Box 7336
Madison, WI 53707-7336

WEBSITE LOCATION OF FINAL GUIDANCE DOCUMENT

The final version of this guidance document will be posted at wisconsin.gov to allow for ongoing comment.

AGENCY CONTACT

DOTDMVGuidanceDocs@DOT.WI.GOV



State of Wisconsin Department of Transportation

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Commercial driver license (CDL) medical requirements

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To drive in intrastate or interstate commerce, you must have passed a medical examination, within the past 2 years, in accordance with Federal Motor Carrier Safety Regulations 49 CFR 391, Subpart E, as defined in the Federal Motor Carrier Safety Administration's (FMCSA) [Medical Examination Report](#).

[New requirements and your Fed Med card -- what you need to know and do.](#)

Acceptable proof of examination

Acceptable proof of examination for the Wisconsin Division of Motor Vehicles (DMV) is a fully

completed [Medical Examiner's Certificate](#). A medical examiner on the [National Registry](#) will need to complete the FMCSA Medical Examination Report for Commercial Driver Fitness Determination as well as the certificate at the end of the packet. You will need to carry a copy of this certificate with you when operating a commercial motor vehicle. We recommend that you make a copy of your card to keep in your files.

Public Burden Statement
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2128-0006. Public reporting for this collection of information is estimated to average approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, 485, 12th Street, New Jersey Avenue, SE, Washington, DC 20004.

Medical Examiner's Certificate
 (for Commercial Driver Medical Certificate)

I certify that I have examined: Last Name: _____ First Name: _____ in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.69) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.69) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses Accompanied by a _____ waives/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified in possession of 49 CFR 391.66 (Federal)

_____ in State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete copy of this form, including any attachments, is available at [www.fhwa.gov](#).
 MCSA-5875, with any attachments embodies my findings completely and correctly, and is correct as of _____

Medical Examiner's Signature: _____ Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____

Medical Examiner's Name (please print or type): _____
 MD Physician Assistant Advanced Practice Nurse
 DO Chiropractor Other Practitioner (specify): _____

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: _____ National Registry Number: _____

Driver's Signature: _____ Driver's License Number: _____ Issuing State/Province: _____

Driver's Address: _____ City: _____ State/Province: _____ Zip Code: _____ CLP/CDL Applicant/Holder: Yes No

Medical examiner



Medical examiners who perform driver medical exams are expected to understand fully the medical standards of the Federal Motor Carrier Safety Regulations (FMCSRs) and related guidance. The National Registry requires medical examiners to participate in required training, pass a certification test, and register on the [National Registry](#) system to become a certified medical examiner.

A waiver of certain physical impairments or diseases may be available.

For information on federal exceptions or waivers see [FMCSA Exemptions Programs](#) or [Skill Performance Evaluation \(SPE\)](#).

If you do not hold a federal medical card or are not grandfathered, you will be issued a restricted commercial driver license. This license would only be valid if you are:

- a school bus driver employed by a private contractor and you do not cross state lines for extracurricular activities;

- a school bus driver employed by a school district and drive a school bus owned by the district;
- employed by a municipality, county or state organization (i.e., a political subdivision).

For more information about school bus operations that do and do not require a federal medical card, please see the section federal medical standards frequently asked questions in the [Wisconsin Commercial Driver's Manual](#). Direct other questions concerning federal medical standards to:

1 Point Place
Suite 101
Madison, WI 53719-2809
Phone: (608) 662-2010 (federal medical standard questions only, please)

[Diabetes and vision waivers for a CDL to drive intrastate commerce in Wisconsin](#)

[BDS353](#) – Brochure about diabetes and vision waivers for CDL to drive intrastate commerce

Driver Eligibility Unit

Email [Wisconsin DMV email service](#)

Phone (608) 264-7447

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Перевести сайт

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