

Skill Performance Evaluation (SPE) Certificate Issues

Below are several areas in which FMCSA often finds that MEs have incorrectly completed the Medical Examination Report Form (MER), MCSA-5875, and Medical Examiner's Certificate (MEC), Form MCSA-5876. When identified, FMCSA must void the examination and require the driver to obtain a new examination as it was not conducted or recorded properly and often results in an improperly issued MER and MEC. Please review these carefully to ensure you are completing these forms fully and accurately.

Driver Health History Review Section of the MER

FMCSA often reviews examinations in which MEs have not addressed "Yes" and "Not Sure" responses provided by the driver in the Driver Health History section at all or have not provided an appropriate level of detail pertaining to medical conditions when filling out the Driver Health History Review Section of the MER. In many instances, detailed information is missing when the driver has a missing limb or impairment to the limb.

As the ME conducting the driver's physical examination, you are required to complete the entire medical examination per 49 CFR 391.45. This includes reviewing the answers and comments provided by the driver in the Driver Health History section. In doing so the ME is responsible to discuss the responses, document any "Yes" and "Not Sure" responses from the Driver Health History section and note any conflicting information present. This section also allows the ME to address any comments, available medical records, or other health conditions reviewed. Please be sure to complete this section for all physical qualification examinations performed.

Example:

When evaluating a driver under 49 CFR 391.41(b)(1) and (b)(2), MEs must ensure question #19 in the Driver Health History section of the MER has been answered appropriately and that the condition is documented with a level specificity that allows FMCSA staff to clearly identify the limb loss or impairment and whether a prosthetic device is used. Without this information, FMCSA staff are unable at times to identify if the driver is eligible to apply to receive an SPE certificate. For example, if a driver has a congenital defect of the left hand, the description should be detailed to the following level, "Congenital defect of the left hand, absence of the 2nd, 3rd, 4th and 5th digit with only a partial stub formed for the thumb" (see example below).

DRIVER HEALTH HISTORY (continued)										
Do you have or have you ever had:	Not			Not			Not			
	Yes	No	Sure	Yes	No	Sure	Yes	No	Sure	
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
2. Seizures/epilepsy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
4. Ear and/or hearing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
7. High blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
8. High cholesterol	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
13. Diabetes or blood sugar problems Insulin used	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
15. Fainting or passing out	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
				31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			

SECTION 2. Examination Report (to be filled out by the medical examiner)

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

#19 - congenital defect of the left hand, absence of the 2nd, 3rd, 4th and 5th digit with only a partial stub formed for the thumb; #29 - previous smoker, quit 9 years ago; #30 - drinks alcohol occasionally

(Attach additional sheets if necessary)

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Physical Examination Section of the MER

FMCSA often reviews examinations in which the ME has incorrectly marked question #11 as "normal" when it should be marked as "abnormal" based on the evaluation of the driver under 391.41(b)(1) or (b)(2). In addition, MEs often fail to provide any detail or have not provided an appropriate level of detail pertaining to the medical condition.

After conducting the physical examination by evaluating the driver's body system for abnormalities, you must properly record the results by marking the radio buttons for questions 1-14 as "Normal" or "Abnormal." You must properly document any "Abnormal" answers in the space below and indicate whether driver's ability to operate a CMV would be affected. Please be sure to complete this section for all physical qualification examinations performed.

Example:

When evaluating a driver under 49 CFR 391.41(b)(1) and (b)(2) MEs must ensure that “abnormal” is selected for question #11 in the Physical Examination section of the MER. It is essential to provide a detailed description of the issue as FMCSA staff must be able to use the information to determine if the driver is eligible to be considered for an SPE certificate.


PHYSICAL EXAMINATION					
The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.					
Check the body systems for abnormalities.					
Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input checked="" type="radio"/>	<input type="radio"/>	8. Abdomen	<input checked="" type="radio"/>	<input type="radio"/>
2. Skin	<input checked="" type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input checked="" type="radio"/>	<input type="radio"/>
3. Eyes	<input checked="" type="radio"/>	<input type="radio"/>	10. Back/spine	<input checked="" type="radio"/>	<input type="radio"/>
4. Ears	<input checked="" type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5. Mouth/throat	<input checked="" type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input checked="" type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input checked="" type="radio"/>	<input type="radio"/>	13. Gait	<input checked="" type="radio"/>	<input type="radio"/>
7. Lungs/chest	<input checked="" type="radio"/>	<input type="radio"/>	14. Vascular system	<input checked="" type="radio"/>	<input type="radio"/>
<i>Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.</i>					
#11 Extremities/joints - Congenital defect of the left hand, absence of the 2nd, 3rd, 4th, and 5th digit with only a partial stub formed for the thumb - SPE Certificate required					

Medical Examiner Determination Sections of the MER and the MEC

FMCSA often reviews examinations in which the ME has failed to indicate the need for an SPE certificate on **BOTH** the MER and/or MEC. When an SPE certificate is required and it's not indicated on the MER and MEC, the driver has been incorrectly issued an unrestricted MER and MEC. When this occurs, FMCSA must void the examination and the driver is required to obtain a new examination.

If an interstate CMV driver meets all other physical qualification standards except 49 CFR 391.41(b)(1) or (b)(2), the MER and MEC must **BOTH** indicate the driver meets the standards only when accompanied by an SPE certificate. This is indicated by marking the box titled, “Accompanied by a Skill Performance Evaluation (SPE) Certificate” on **BOTH** forms. Please be sure to mark this box if an SPE certificate is required. (see example below)

Example:



MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

Does not meet standards (specify reason): _____

Meets standards in [49 CFR 391.41](#); qualifies for 2-year certificate

Meets standards, but periodic monitoring required (specify reason): _____

Driver qualified for: 3 months 6 months 1 year other (specify): _____

Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____

Accompanied by a Skill Performance Evaluation (SPE) Certificate

Driving within an exempt intracity zone (see [49 CFR 391.62](#)) (Federal)

Determination pending (specify reason): _____


Return to medical exam office for follow-up on (must be 45 days or less): _____

Medical Examination Report amended (specify reason): _____

(if amended) Medical Examiner's Signature: _____ Date: _____

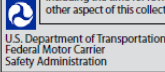
Incomplete examination (specify reason): _____

If the driver meets the standards outlined in [49 CFR 391.41](#), then complete a Medical Examiner's Certificate as stated in [49 CFR 391.43\(h\)](#), as appropriate.



Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 03/31/2025

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 2126-0006. Public reporting for this collection of information is estimated to be approximately one 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 Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

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

the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) 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 391.41-391.49](#)) 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 _____ waiver/exemption Driving within an exempt intracity zone ([49 CFR 391.62](#)) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
12/28/2025

Medical Examiner Determination Sections of the MER

FMCSA often reviews examinations in which the ME has completed both the Medical Examiner Determination (Federal) and Medical Examiner Determination (State) sections when **only ONE** of these should be completed.

When an examination is performed in accordance with the Federal Motor Carrier Safety Regulations (FMCSRs), MEs should complete the Federal Medical Examiner Determination section. When the examination is performed in accordance with the FMCSRs with any applicable State variances (valid for intrastate operations only), MEs should complete the State Medical Examiner Determination section.