

# DOCTOR'S CERTIFICATE

(Driver of Migrant Workers)

This is to certify that I have this day examined \_\_\_\_\_  
in accordance with §398.3(b) of the Federal Motor Carrier Safety Regulations of the Federal Motor Carrier Safety  
Administration and that I find him/her:

Qualified under said rules: [  ]

Qualified only when wearing glasses: [  ]

I have kept on file in my office a completed examination.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place: \_\_\_\_\_

Signature of examining doctor: \_\_\_\_\_

Address of doctor: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_, Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Signature of driver: \_\_\_\_\_

Address of driver: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_, Zip Code: \_\_\_\_\_ - \_\_\_\_\_