

# Medical Exam Certification Online Registration

[cdlmedcert.ct.gov](http://cdlmedcert.ct.gov)



CDL Medical-Certification



## Connecticut's Online Medical Certification System

Operators who currently have a Commercial Driver's License (CDL), Class D operators license with a Public Passenger Endorsement and/or US DOT medical card, or operators seeking a Commercial Learner Permit (CLP), are required to submit their medical certificates through this system.

### Driver's Privacy Protection Act Warning

The personal information contained within this site is protected by 18 U.S.C. 2721, et seq., (the Driver's Privacy Protection Act) and Section 14-10 of the Connecticut General Statutes. You are not authorized to access personal information for anyone other than yourself through this web site unless you have specific written permission to do so. Any wrongful or unauthorized access, attempted access, or use of the system or the personal information of others from the system may subject you to criminal prosecution or civil liability.

I am providing this information under penalty of false statement, in accordance with the provisions of 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement that I do not believe to be true, with the intent to mislead a public servant in the performance of his or her official function, I will be subject to prosecution under the above-cited laws.

I AGREE to the terms above

Press right arrow to continue 



protected by reCAPTCHA

I AGREE to the terms above

Press right arrow to continue 



protected by reCAPTCHA

# Medical Exam Certification Online Registration

[cdlmedcert.ct.gov](http://cdlmedcert.ct.gov)



CDL Medical Certification

## Driver Verification

Please enter your information in order to locate your record.

**License Number**

#####

**Date of Birth**

MM/DD/YYYY

To continue the registration process, we must verify your email address. Please enter your email address, a verification email will be sent to you. Click on the link provided in the email to continue the process.

**Contact Email**

**Confirm Contact Email**

**Mobile phone for future  
TEXT alerts concerning  
your Connecticut License**

(###) ###-####

**Verify Me**



**Step 1 Of 1**



protected by **reCAPTCHA**

# Medical Exam Certification Online Registration

[cdlmedcert.ct.gov](http://cdlmedcert.ct.gov)



CDL Medical Certification

## Email Notification

A verification link has been sent to your email account.

**Please click on the link provided in the email to continue submitting your information.**

**NOTE: Please check your SPAM or JUNK folder if you are unable to locate this email.**

### CT DMV Med Cert – Verify your email

D

DMV@ct.gov  
Wed 3/9/2022 8:38 AM  
To: You

↶ ↷ → ...

Hello JILL VANGOR,

You are almost ready to submit your medical certificate. Click [HERE](#) to verify your email.

-DMV Driver Services.

**Reminder:** All CDL holders are required to be Real ID compliant and you must register on the FMCSA website <https://clearinghouse.fmcsa.dot.gov/> for Drug and Alcohol Clearinghouse.

# Medical Exam Certification Online Registration

[cdlmedcert.ct.gov](http://cdlmedcert.ct.gov)



CDL Medical-Certification

## Driver Verification

Welcome back to the CDL Medical-Certification system

For your protection please enter the following information below to verify it is really you.

**License Number**

#####

**Date of Birth**

MM/DD/YYYY

Step 1 Of 5



protected by reCAPTCHA

# Medical Exam Certification Online Registration

[cdlmedcert.ct.gov](http://cdlmedcert.ct.gov)



## Current CDL Medical Status

### License Number

016 7796

### License Class

D - Any non-commercial motor vehicle except motorcycle.

### Endorsement(s)

A - Activity Vehicle

A or V endorsement!

### Restriction(s)

NONE

### State Waiver

NO

### State Waiver Expiration Date

NONE

### Federal Exemption

NO

### Federal Exemption Expiration Date

NONE

### Medical Expiration Date

12/03/2022

### Self Certification Category

NONE

### Self Certification Date

NONE

If you need to update your self-certification click [HERE](#)



# Medical Exam Certification Online Registration

[cdlmedcert.ct.gov](http://cdlmedcert.ct.gov)



## Medical Examiner's Certificate

Please enter the information **EXACTLY** as it appears on your Medical Examiner's Certificate.

If there are no restrictions indicated on your certificate, please check No F

The Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

The Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with variances (which will only be valid for intrastate operations), and, with I driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

Medical Exam Certificate  
It is stored in your ADP documents for easy access.

Form MCSA-5875  
Public Disclosure Statement  
A medical examiner may not conduct an examination of a person who is not required to be registered in 21 CFR 391.400. Public disclosure of the results of examinations of drivers registered in 21 CFR 391.400 is prohibited by the Paperwork Reduction Act unless otherwise specified. The Office of the Medical Examiner is responsible for maintaining the data and information contained in this document. The Office of the Medical Examiner is located at 1200 New Jersey Avenue, N.E., Washington, D.C. 20590. For further information, contact the Office of the Medical Examiner, 202-205-5000.

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

First Name: JILL  
Last Name: Vangor  
In accordance with (please check only one):  
 I certify that I have examined Last Name: Vangor  
 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 checked off that apply. Or  
 I certify that this person is qualified, and, if applicable, only when (check all that apply):  
 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 checked off that apply.  
 Wearing corrective lenses  
 Accompanied by a  
 Wearing hearing aid  
 Qualified by operation of 49 CFR 391.62 (Federal)  
 Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)  
 Qualified by operation of 49 CFR 391.61 (Federal)  
 Grandfathered from state requirements (State)  
 Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)  
 Qualified by operation of 49 CFR 391.61 (Federal)  
 Grandfathered from state requirements (State)  
 Medical Examiner's Certificate Expiration Date: 12/31/2022  
 Medical Examiner's Signature: Christina  
 Medical Examiner's Name (please print or type): Filippakis, Christina, PA-C  
 Medical Examiner's State License, Certificate, or Registration Number: 4272  
 Medical Examiner's Telephone Number: (203) 377-5733  
 Date Certificate Signed: 12/3/2020  
 MD  
 Physician Assistant  
 DO  
 Chiropractor  
 Advanced Practice Nurse  
 Other Doctor (please specify):  
 Issuing State: CT  
 National Registry Number: 6961395285  
 Driver's Address: 51 A  
 Driver's License Number: 011 190  
 Issuing State/Province: CT  
 State/Province: CT  
 Zip Code: 06614  
 CLP/CDL Applicant/Holder  

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Proper disposal of this document when no longer required to be maintained by regulatory requirements.\*\*

### Restrictions

<input type="checkbox"/> Wearing corrective lenses	<input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal)	<input type="checkbox"/> Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
--	--	---

<input type="checkbox"/> Wearing hearing aid	<input type="checkbox"/> Grandfathered from state requirements (State)	<input type="checkbox"/> No Restrictions
--	--	--

### Accompanied By

<input type="checkbox"/> Hearing exemption/waiver	<input type="checkbox"/> Vision exemption/waiver	<input type="checkbox"/> Seizure exemption/waiver
<input type="checkbox"/> Accompanied by a skilled performance evaluation (SPE) certificate (1 imh)		

### National Registry Examiner

Please enter the National Registry Number on your certificate and select the "Look Up" button below. You will be prompted to enter missing information.

National Registry No

 

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

Examiner First Name

Examiner Last Name

National Registry Number

Physician Type

Issuing State

Medical Examiner Phone Number

Medical Examiner State License Number

Date Certificate Signed

Certificate Expiration Date

## Medical Exam Certification Online Registration

[cdlmedcert.ct.gov](http://cdlmedcert.ct.gov)



## Document Upload

Medical Certificate Upload – Click the button below to take an image of your document or browse files/images to upload your medical forms (Supported file JPEG, PNG, PDF)

### Take Image/Browse Files

 your image



## Document Upload

Medical Certificate Upload – Click the button below to take an image of your document or browse your files/images to upload your medical forms (Supported file JPEG, PNG, PDF)

[Retake Image/Browse Files](#)

## Preview your PDF



# Medical Exam Certification Online Registration

 **CDL Medical Certification**

**Driver Summary**

Driver License Number	Date of Birth	Contact Email	Mobile Phone
0 96	01/30/96	jmvar@.com	(203) 555-1234

**Medical Examiner Summary**

Medical Examiner Name	State License #	Examiner Phone Number	Physician Type
CHRISTINA FILIPPAKIS	4272	203-377-5733	Physician Assistant
National Registry Number	Issuing State	Date Certificate Signed	Certificate Expiration Date
6981395285	CT	12/03/2020	12/03/2022

**Medical Form**



I am providing this information under penalty of false statement, in accordance with the provisions of 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement that I do not believe to be true, with the intent to mislead a public servant in the performance of his or her official function, I will be subject to prosecution under the above-cited laws.

**I AGREE to the terms above**

**Submit**

 Step 5 Of 5

---

**I AGREE to the terms above**

**Submit**

 Step 5 Of 5

---



## Email Notification

Thank you for submitting your medical certification information to the Department of Motor Vehicles for review.

Please be advised, it may take up to 10 days for an update in the status of your medical certification.

You will receive an email notification when this process is complete.