

Medical Exam Certification Online Registration

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



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



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



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



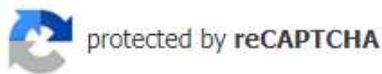
Driver Verification

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



Medical Exam Certification Online Registration

cdlmedcert.ct.gov



Current CDL Medical Status

License Number

016 --- 96

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

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

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 Restrictions.

☒ 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 the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

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 intracity 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

Look Up

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

Physician Type

Medical Examiner State License Number

Examiner Last Name

Issuing State

Date Certificate Signed

National Registry Number

Medical Examiner Phone Number

Certificate Expiration Date

Form MCSA-5875
Public Distribution Statement: 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 document under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

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

First Name: Jill
Last Name: Vangor
Medical Examiner's Telephone Number: (203) 377-5733
Medical Examiner's Signature: [Signature]
Medical Examiner's Name (print last or type): Filipiak, Christina, PA-C
Medical Examiner's State License, Certificate, or Registration Number: 4272
Driver's Signature: [Signature]
Driver's Address: 51 A
Driver's License Number: 01E 196
City: STRATFORD
State/Province: CT
Issuing State/Province: CT
Zip Code: 06614
National Registry Number: 6981305285
Date Certificate Signed: 12/3/2020
Restrictions: 12/3/2022
CLP/COL Applicant/Holder: [X] Yes [] No

Medical Exam Certification Online Registration

cdlmedcert.ct.gov



CDL Medical-Certification

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)

Take Image/Browse Files

your image



CDL Medical-Certification

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	jmvar .com	(203)

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

CDL Medical-Certification

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.