

Doctor's Certificate

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



This is to certify that I have this day examined:

(Name)

(Age)

(Type of Operator's License)

(Number)

(State)

In accordance with Section 398.3(b) of the Motor Carrier Safety Regulations of the Department of Transportation, and that I find the applicant,

_____ Qualified under said rules:

_____ Qualified only when wearing glasses.

_____ Not Qualified.

I have kept on file a completed examination.

(Date)

(Place)

(Signature of examining doctor)

(Address of doctor)

(Signature of driver)

(Address of driver)

Copy 1 - To be submitted with application

Copy 2 - Applicant's Copy

Copy 3 - Employer's Copy

Copy 4 - Doctor's Copy

Form WH-515
(Rev. Dec. 1983)

Take this form to your doctor. Ask the doctor to read this section, examine you, and fill in the certificate (located on the front of this form). You must carry this with you at all times.

To the Doctor:

Section 398.3(b) provides:

No person shall drive any vehicle carrying migrant workers without possessing the following minimum qualifications:

No mental, nervous, organic, or functional disease : likely to interfere with safe driving:

No loss of foot, leg, hand, arm;

No loss of fingers, impairment of use of foot, leg, hand, fingers, arm or other structural defects or limitation likely to interfere with safe driving.

Eyesight: visual acuity of at least 20/40 (Snellen) in each eye either without glasses or by correction with glasses; form field of vision in the horizontal meridian shall not be less than a total of 140 degrees, ability to distinguish colors, red, green, and yellow; drivers requiring correction by glasses shall wear properly prescribed glasses at all times when driving.

Hearing shall not be less than 10/20 in the better ear for conversational tones without a hearing aid.

Shall not be addicted to the use of narcotics or habit-forming drugs, or to the excessive use of alcoholic beverages or liquors.