

	<b>MEDICAL EXAMINER'S CERTIFICATES</b>	Page 1 of 2
Original Issue Date: 10/02/25	Last Reviewed:	Revision Number: 0

**PURPOSE AND SCOPE**

The intended purpose is to outline the reimbursement guidelines for Medical Examiner's Certificates (MEC) for Commercial Driver Medical Certification.

**DEFINITIONS**

*Medical Examiner's Certificate (MEC): A Medical Examiner's Certificate determines that the driver examined is physically qualified to drive a commercial motor vehicle in accordance with the physical qualification standards.*

**APPLICABILITY**

This policy applies to all City of Milford full-time and part-time employees who require a commercial driver's license to perform their essential job duties.

**GENERAL GUIDELINES**

The City of Milford requires a valid Medical Examiner's Certificates (MEC) to be on file for all applicable employees.

1. To be reimbursed, medical examinations must be completed by a certified medical examiner listed on the National Registry of Certified Medical Examiners (NRCME).
2. Medical Examiner's Certificate fees will be reimbursed up to a maximum of \$150.00 per renewal.
3. You must provide the City with sufficient documentation to substantiate that you incurred the fee in which you are seeking reimbursement. Such documentation must be submitted within 90 days of incurring the fee.

**PUBLIC RECORDS**

Public records will be managed in compliance with applicable local, state, and federal laws, regulations, and policies including the Delaware Freedom of Information Act (covering Open Meeting Law, Public Records Law), and Public Records retention schedules, Copyright Law, and other applicable City policies.

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**VIOLATIONS**

Employees violating this policy may be subject to disciplinary action in accordance with City policies, departmental operating procedures and/or collective bargaining agreements.

If you have questions regarding appropriate use of this policy, please contact your supervisor, the Human Resources Director or your respective Appointing Authority.

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*Appointing Authority Signature*

*Date*

I, \_\_\_\_\_, acknowledge that I have received and read a copy of this policy.

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*Employee/System User Signature*

*Date*