

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Medical Examination Provider's Name]
[Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to request a CDL medical examination in order to obtain or renew my commercial driver's license. I understand that this examination is necessary to ensure that I meet the federal and state health standards for commercial driving.

Please find enclosed the required forms and any additional documentation you may need for the examination. I would appreciate it if you could provide details regarding the available appointment dates and times. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]