

Medical Examination
 A Federal Motor Carrier Safety Examination (FMCSA) is a physical examination of a driver performed by a State-licensed medical examiner. The examination is required for all commercial drivers who operate a commercial motor vehicle (CMV) that requires a commercial driver's license (CDL). The examination includes a physical examination, a vision examination, and a hearing examination. The examiner will also check for any medical conditions that may affect the driver's ability to operate a CMV safely. The results of the examination will be recorded on this form, which will be used to issue a CDL to the driver.

MEDICAL EXAMINER'S CERTIFICATE
 (For Form 1 with)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Wilson (first name) Russ in accordance with (please check only one):
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-41.43) and, with knowledge of the Federal Motor Carrier Safety Regulations (49 CFR 391.41-41.43) and any applicable State driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type) _____
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation _____

The information I have provided regarding this physical examination is true and complete. A copy of this report Form CSA-5276, including all attachments, embodies my findings completely and correctly.

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [Signature]
 Medical Examiner's Name (please print or type): XO STAFIA MACIDA M.D.
 Medical Examiner's State License Certificate or Registration Number: ME 109419

CMV DRIVER INFORMATION

Driver's Signature: [Signature]
 Driver's Address: 4175 Lakeview City: Winston Salem

MEDICAL EXAMINER'S CERTIFICATE
 (For Form 1 with)

Russ

I certify that I have examined (last name) Russ in accordance with (please check only one):
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-41.43) and, with knowledge of the Federal Motor Carrier Safety Regulations (49 CFR 391.41-41.43) and any applicable State driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type) _____
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation _____

Medical Examination performed on: 7-12-2024

Medical Examiner's Telephone Number: 855-118-7920
 Medical Examiner's State License Certificate or Registration Number: 7-12-2022
☐ M.D. ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ D.O. ☐ Chiropractor ☐ Other Practitioner (specify) _____
 Issuing State: Florida National Registry Number: 4893575012

Driver's License Number: 425 726 401800 Issuing State/Province: FL
 City: Haven