Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

# Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Tillman **First Name:** Marques In accordance with (please check only one):

- ◉ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply): OR
- ○ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date:** 06/27/2024

**Medical Examiner's Signature**

**Medical Examiner's Telephone Number:** (352) 789-6777

**Date Certificate Signed:** 06/28/2023

**Medical Examiner's Name** (please print or type): Geneva Stephens

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ◉ Chiropractor ○ Other Practitioner (specify) _____

**Medical Examiner's State License, Certificate, or Registration Number:** CH9861

**Issuing State:** Florida

**National Registry Number:** 9456701840

**Driver's Signature**

**Driver's License Number:** T455-550-77-250-0

**Issuing State/Province:** Florida

**Driver's Address**

Street Address: 6765 SW 143rd Ln Rd City: Ocala State/Province: FL Zip Code: 34473

**CLP/CDL Applicant/Holder:** ◉ Yes ○ No

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