Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

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:** Harrison **First Name:** Brandon 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)*:
- ( ) 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: 01-04-2023

Medical Examiner's Signature

Medical Examiner's Telephone Number: (423) 718-7480

Date Certificate Signed: 01-04-2021

Medical Examiner's Name *(please print or type)*: Dc Dennis Ogradowczyk

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (●) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: DC550

Issuing State: Tennessee

National Registry Number: 2635237345

Driver's Signature

Driver's License Number: F7095732

Issuing State/Province: CA

Driver's Address

Street Address: 266 S Magnolia Ave. City: San Diego State/Province: CA Zip Code: 92020

CLP/CDL Applicant/Holder (●) Yes ( ) No

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