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

Form MCSA-5876

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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:** Similus **First Name:** Sophony 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)*:

- [x] 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: 11/07/2024

Medical Examiner's Signature: Janadra D. Greenidge MSN, APRN FAMILY NURSE PRACTITIONER, CMS NPI: [illegible] CME [illegible]

Medical Examiner's Telephone Number: (407) 893-1181

Date Certificate Signed: 11/07/2022

Medical Examiner's Name *(please print or type)*: Janadra Greenidge

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

Medical Examiner's State License, Certificate, or Registration Number: APRN 11005463

Issuing State: Florida

National Registry Number: 9728984899

Driver's Signature

Driver's License Number: S542780870230

Issuing State/Province: Florida

Driver's Address
Street Address: 5024 Millenia BLVD City: Orlando State/Province: FL Zip Code: 32839

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

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