Form MCSA-5876

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

Please note, the collection data on this form relates to the process for renewing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not apply to

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

# MEDICAL EXAMINER'S CERTIFICATE

## CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Baudin (first name) Chrisner 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 (specify type): _____
- ☐ 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 393.64 (Federal)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 2-22-2024

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 INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Name (please print or type): DARELL RICH

Medical Examiner's State License, Certificate, or Registration Number: CH 8741

Medical Examiner's Telephone Number: 844-693-2782

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

Issuing State: Florida

National Registry Number: 3889855894

Date Certificate Signed: 2-22-2022

## CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: B350100153291 Issuing State/Province: FL

Driver's Address
Street Address: 2370 Jefferson St City: Ft Myers State/Prov/Indx: FL Zip Code: 33901

CLP/CDL Applicant/Holder: ◉ Yes ○ No

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