Form MCSA-0876

OMB No. 2126-0066 Expiration Date [illegible]

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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:** WORTH **First Name:** DWIGHT 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
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- [ ] Wearing hearing aid
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Qualified by operation of 49 CFR 391.68 (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-0875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 8/31/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 8172772977

Date Certificate Signed: 8/31/2023

Medical Examiner's Name *(please print or type)*: DR. ROGER PRIAM

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

Medical Examiner's State License, Certificate, or Registration Number: [illegible]

Issuing State: Texas

National Registry Number: 4391247700

Driver's Signature: [signature]

Driver's License Number: 09737462

Issuing State/Province: Texas

Driver's Address:
Street Address: 1911 CROOKED LANE City: FORT WORTH State/Province: TX Zip Code: 76112

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

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