Form MCSA-5875 OMB No.: 2126-0006 Expiration Date: 12/31/2024

Last Name: [illegible] First Name: [illegible] DOB: [illegible] Exam Date: [illegible]

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41–391.49):

- ○ Does not meet standards (specify reason):
- ○ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- ◉ Meets standards, but periodic monitoring required (specify reason): [illegible]

  Driver qualified for: ○ 3 months ○ 6 months ◉ 1 year ○ other (specify):

  ☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type):

  ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)

  ☐ Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)
- ○ Determination pending (specify reason):

  ☐ Return to medical exam office for follow-up on (must be 45 days or less):

  ☐ Medical Examination Report amended (specify reason):

  (Forwarded) Medical Examiner's Signature: Date:
- ○ Incomplete examination (specify reason):

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature:

Medical Examiner's Name (please print or type): Dean K Ziegler

Medical Examiner's Address: 101 s. 14th St City: Allentown State: PA Zip Code: 18102

Medical Examiner's Telephone Number: (610) 432-4401 Date Certificate Signed: [illegible]

Medical Examiner's State License, Certificate, or Registration Number: DC006399L Issuing State: PA

☐ MD ☐ DO ☐ Physician Assistant ☑ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify):

National Registry Number: 4868133119 Medical Examiner's Certificate Expiration Date: