Form MCSA-5875

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

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

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

SECTION 1. Driver Information *(to be filled out by the driver)*

PERSONAL INFORMATION

Last Name: FRASER First Name: Michael Middle Initial: D Date of Birth: 02/13/64 Age: 58

Street Address: 1162 E Cedar Crest Blvd City: Allentown State/Province: PA Zip Code: 18103

Driver's License Number: 27570993 Issuing State/Province: PA Phone: 484 951 3604

E-Mail *(optional)*: _____ CLP/CDL Applicant/Holder*: ◉ Yes ○ No

Driver ID Verified By**: _____

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ○ Yes ○ No ○ Not Sure

*CLP/CDL Applicant/Holder: See instructions for definition. **Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. ○ Yes ◉ No ○ Not Sure

No

Are you currently taking medications *(prescription, over-the-counter, herbal remedies, diet supplements)*? If "yes," please describe below. ◉ Yes ○ No ○ Not Sure

Farxiga 10mg x1
Rybelsus 7mg 1x
lisinopril 40mg 1x
carvedol 25 1x

(Attach additional sheets if necessary)

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