Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

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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:** Washington **First Name:** Rodney 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 391.64 (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
09/15/2021

Medical Examiner's Signature

Medical Examiner's Telephone Number
484-766-3502

Date Certificate Signed
08/15/2020

Medical Examiner's Name *(please print or type)*
John M Cellucci

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

Medical Examiner's State License, Certificate, or Registration Number
MD055135L

Issuing State
PA

National Registry Number
2454462752

Driver's Signature
Rodney Washington

Driver's License Number
25 595 680

Issuing State/Province
PA

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 3353 N 5th St City: Philadelphia State/Province: PA Zip Code: 19140 (•) Yes ( ) No

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