

Form MCSA-5875

Burden Statement
This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

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: Castiglione** **First Name: Joshua** 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 391.66 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

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.

4-4-25

Medical Examiner's Signature

Loan Nguyen MDC

Medical Examiner's Telephone Number

918-388-1901

Date Certificate Signed

4-4-23

Medical Examiner's Name (please print or type)

Loan Nguyen MDC

- ☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

4549

Issuing State

OK

National Registry Number

7588156498

Driver's Signature

JML

Driver's License Number

F2657686

Issuing State/Province

CA

Driver's Address

3401 105th

Clearlake

CA

CLP/CDL Applicant/Holder

95433

Street Address:

City:

State/Province:

Zip Code:

☒ Yes ☐ No

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Rev 3/29/22

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☒ No

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below.