

Form MCSA-5875

OMB No. 7150-0080 Expiration Date 02/28/2020

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is 7150-0080. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, 400 9th Ave, 10th Floor, Washington, DC 20001.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration**Medical Examiner's Certificate**
(The Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Woods** **First Name: Nikaila** in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.43) 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, 391.43) 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 _____ waives/exemption ☐ Driving within an exempt intrastate zone (49 CFR 391.43 Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.43 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: **5/22/2025**

Medical Examiner's Signature 	Medical Examiner's Telephone Number (469) 297-5222	Date Certificate Signed 5/22/2023
Medical Examiner's Name (please print or type) Andrew R. Rubin	☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse ☐ DO ☐ Chiropractor ☐ Other Practitioner (Specify): _____	National Registry Number 6854310576
Medical Examiner's State License, Certificate, or Registration Number L3106	Issuing State TX	

Driver's Signature 	Driver's License Number 48247309	Issuing State/Province TX
Driver's Address Street Address: 402 Lula Dr	City: Monroe State/Province: LA Zip Code: 71203	CLP/CDL Applicant/Holder ☒ Yes ☐ No

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