Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* Lundquest *(first name)* Michael 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
☐ Wearing hearing aid
☐ Accompanied by a waiver/exemption (specify type):
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ 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: 12/01/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type): Thomas, Frank E

Medical Examiner's Telephone Number: (615)895-4855

Date Certificate Signed: 12/01/2022

Medical Examiner's State License, Certificate, or Registration Number: 7272

Issuing State: TN

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

National Registry Number: 9432980449

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number: 148698074

Issuing State/Province: TN

CLP/CDL: ◉ Yes ○ No

Driver's Address

Street Address: 722 Golden Place apt 106 City: Chattanooga State/Province: TN Zip Code: 37415

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