Form MCSA-5875

Public Burden Statement

Medical Examiner's Certificate

I certify that I have examined Last Name: Wydra First Name: Kerry 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

☐ Wearing hearing aid ☐ 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: 07/23/2022

Medical Examiner's Signature

Medical Examiner's Name (please print or type): Verma, Sumit

Medical Examiner's Telephone Number: (262)782-9326

Date Certificate Signed: 07/23/2020

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

Medical Examiner's State License, Certificate, or Registration Number: 52113-20

Issuing State: WI

National Registry Number: 8846009020

Driver's Signature

Driver's Address

Street Address: 6094 W. Medford City: MILWAUKEE State/Province: WI Zip Code: 53218

Driver's License Number: W435509923330?

Issuing State/Province: WI

CLP/CDL Applicant?

● Yes ○ No

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