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A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection of information is 2126-0006. Public reporting for this collection of information are mandatory. Send comments regarding this burden estimate or any including suggestions for reducing this burden to: Information Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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Medical Examiner's Certificate (for Commercial Driver Medical Certification)

lease check only one):	licable, only when (check all that apply) OR ns), and, with knowledge of the driving duties,	\square Driving within an exempt intracity zone (49 CFR 391.62) (Federal) \square Grandfathered from State requirements ($State$)	Medical Examiner's Certificate Expiration Date 03/17/2026
in accordance with (please check only one):	this person is qualified, and, if app only be valid for intrastate operatio	\square Driving within an exempt intracity zone ($49\square$) Grandfathered from State requirements ($State$)	
First Name: Lanre	Othe 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 Othe 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):	Accompanied by a waiver/exemption	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.
. Giwa	lations (49 CFR lations (49 CFR pplicable, only	☐ Accompanied by a ☐ Accompanied by a ۉ	ng this physica odies my findir
I certify that I have examined Last Name:	Othe Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with Othe Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any a I find this person is qualified, and, if applicable, only when (check all that apply):	■ Wearing corrective lenses■ Wearing hearing aid	The information I have provided regarding this physical examination is tru MCSA-5875, with any attachments, embodies my findings completely and

Medical Examiner's Signature	Medical Examin 214-467-8210	Medical Examiner's Telephone Number 214-467-8210	ber Date Certificate Signed 03/17/2025
Medical Examiner's Name (please print or type) Mathew Loewen D.O.	ОМО	OPhysician Assistant OChiropractor	OAdvanced Practice Nurse Oother Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number G3026	Issuing State TX	ate	National Registry Number 9112635973

Driver's Signature		Driver's License Number 35322876	Issuing State/Province TX	vince
Driver's Address Street Address: 4260 US HWY 80 E, Apt 2008	City: MESQUITE	State/Province: TX	Zip Code: 75149	CLP/CDL Applicant/Holder O Yes O No

^{**}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.**

ONB No. 2"24 (1006 Expression Date: 33/71/2025

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U.S. Department of Transportation federal Most Carter Safety Administration		Medical Examiner's Certificate the Comments their Medical Certification)	
Cortify that I have examined Last Name:	GiWa	HIST Name Lanre	in accordance with (place check only one):
O the Federal Motor Carrier Safe:	ry Regulations (49 CFR 201.41-391.4)	 and, with knowledge of the driving duties, I find 	On the Federal Motor Carrier Safety Regulations (19.CES 201.ALE-391.49) and, with browledge of the driving duber, I had this person is qualified, and if applicable, only when Vinet off Itinal oppy). On
O the Federal Motor Carrier Safe: I find this person is qualified, a	the Federal Motor Carrier Safety Regulations (<u>49 CF8 391.41.391,49) wi</u> th any a I find this person is qualified, and, if applicable, only when (check oil thos sups)?	9) with any applicable State variances furbich will of l that sup h .	Othe Federal Motor Carier Safety Regulations (US CR 2014 13 2014 With any applicable State variances which will only be vaid for intrastate operations), and, with knowledge of the driving dubies, I find this person is qualified, and, if applicable, only when (Evet toil Front spile).
Wearing corrective lenses 🔲 Accompanied by a	Accompanied by a	waiver/esemption	Driving within an exempt intracity zone (49,CF8,39), (2) (feding)
Wearing hearing aid	Accompanied by a Skill Perfo	Accompanied by a Skill Performance Evaluation (SPE) Certificate	Grandfathered from State requirements (Suze)

Weating tearing aid Corrective lenses Accompanied by a Still Performance Evaluation (SPE) Certificate Weating hearing aid Certificate	waiver/exemption Muddon (SPE) Certificare	Driving within an ex	□ Othering within an exempt instractly sone (4% CR.39), 63) (fection) □ Grandfathered from State requirements (Sorte)
The information I have provided regarding this physical camination is the and complete. A complete Medical Ecamnation Report Form, MCSA-5815, with any attachments, embodies my findings campletely and correctly, and is on file in my office.	complete. A complete Medical Examer city, and is on file in my office.	labon Report Fam,	Medical Examiner's Certificate Expiration Date 03/17/2026
Medical Examiner's Signature	Medical Examinar's Telept 214-467-8210	Medical Examiner's Telephone Number 214-467-8210	Date Gerifficate Signed 03/17/2025
Medical Examiner's Name (please print or type) Mathew Loewen D.O.	OMD OPhysician Assi	that	O Advanced Practice Nurse O Other Practitioner specify)
Medical Examiner's State License, Cartificate, or Registration Mamber $G3026$	Issuing State TX		National Registry Mumber 9112635973

Table Conc. C.C.	© DO Ohiropractor	Oother Practitioner sspecify)
edical Examiner's State Licensu, Certificate, or Registration Mamber 53026	Issuing State TX	National Registry Number 9112635973
free's Signature of the	Oriver's License Number 35322876	Issuing State/Province
hters's Address 4260 US HWY 80 E, Apt 2008 MESQUITE	X	CU/CDt Applicant/Holden

"This document contains sensible information and is for otherial use only, improper handing of this information required "Affect indebtable, Hundle and secure the control of author last persons. Properhy disposes of this document when the longest required to be maintained by regulator, replement."

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Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes 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 this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

100-598-851

(or sticker)

SECTION 1.	Driver In	formation	to be fille	douth	the driver
DECTION I	DITAGE III	IVIIIIativii	NO DE IIII	a out by	'une anven

PERSONAL INFORMATION						
Last Name: Giwa	First Name: Lanre	>	Middle Initial: J	Date of Birth: 05-0	1-1966	Age: <u>58</u>
Street Address: 4260 US HWY 80 E, Apt 2	008 City	: MESQUITE	Sta	ite/Province: TX	Zip Code	e: <u>75149</u>
Driver's License Number: 35322876		Issuing State/Pro	vince: TX		_ Phone: <u>9</u>	564803714
E-Mail (optional): johngiwa33@yahoo.com		CL	P/CDL Applicant/Ho	lder*: ① Yes 〇 N	lo	
		Dri	ver ID Verified By**:	CDL		
Has your USDOT/FMCSA medical certificate e	ver been denied or iss	sued for less than	2 years? Yes	No Not Sure		-
*CLP/CDL Applicant/Holder: See instructions for definitions.		**Driver ID Ve	ified By: Record what type of phot	DID was used to verify the identity of	the driver, e.g., CDL,	driver's license, passport.
DRIVER HEALTH HISTORY				对不是是一个人的		
Have you ever had surgery? If "yes," please list	and explain below.			0	Yes No	O Not Sure
Are you currently taking medications (prescript of "yes," please describe below.	tion, over-the-counter, h	nerbal remedies, die	t supplements)?	0'	Yes ⊚No	ONot Sure

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Last Name: Giwa	First Name	<u>:</u> : <u>La</u>	nre		DOB: <u>05-01-1966</u> Exam Date: <u>03/17/</u>	2025	<u> </u>	
DRIVER HEALTH HISTORY (continued)					ACTIVITIES AND ACTIVI	100		
(commete)				Not	Balantine of the assessment in the second state of the second state of the second state of the second state of			Not
Do you have or have you ever had:		Yes	No	Sure		Yes	No	Sure
1. Head/brain injuries or illnesses (e.g., concussion	n)	0	•	0	16. Dizziness, headaches, numbness, tingling, or memory	0	•	0
2. Seizures/epilepsy		0	•	0	loss	_	_	
3. Eye problems (except glasses or contacts)		0	•	0	17. Unexplained weight loss	0	©	0
4. Ear and/or hearing problems		0	•	0	18. Stroke, mini-stroke (TIA), paralysis, or weakness	0	①	0
5. Heart disease, heart attack, bypass, or other h problems	eart	0	•	0	19. Missing or limited use of arm, hand, finger, leg, foot, toe20. Neck or back problems	0	⊙	00
 Pacemaker, stents, implantable devices, or otl procedures 	her heart	0	•	0	21. Bone, muscle, joint, or nerve problems	0	0	0
7. High blood pressure		•	0	0	22. Blood clots or bleeding problems	0	①	0
8. High cholesterol		Ô	•	Ô	23. Cancer	0	①	0
Chronic (long-term) cough, shortness of breat other breathing problems	th, or	0	•	0	24. Chronic (long-term) infection or other chronic diseases25. Sleep disorders, pauses in breathing while asleep,	0	⊙	00
10. Lung disease (e.g., asthma)		0	•	0	daytime sleepiness, loud snoring	_	_	_
11. Kidney problems, kidney stones, or pain/prob	olems	0	•	0	26. Have you ever had a sleep test (e.g., sleep apnea)?	0	⊙	0
with urination		_	_	_	27. Have you ever spent a night in the hospital?	0	0	0
12. Stomach, liver, or digestive problems		0	①	0	28. Have you ever had a broken bone?	0	©	0
13. Diabetes or blood sugar problems		①	0	0	29. Have you ever used or do you now use tobacco?	0	©	0
Insulin used		0	0	0	30. Do you currently drink alcohol?	0	©	0
14. Anxiety, depression, nervousness, other ment problems	tal health	0	•	0	31. Have you used an illegal substance within the past two years?	0	O	0
15. Fainting or passing out		0	•	0	32. Have you ever failed a drug test or been dependent on an illegal substance?	0	•	0
Other health condition(s) not described above:					○ Yes ③ No	. 0	Not	Sura
						_		
Did you answer "yes" to any of questions 1-32? If	so, please	comi	ment	furthe	r on those health conditions below: Yes O No	o O	Not	Sure
7. High Blood Pressure: On medicat	ion, 13	3. D	iabe	etes:	Yes			
_								
CMV DRIVER'S SIGNATURE								
I certify that the above information is accurate and	d complete	e. I ur	nders	tand th	nat inaccurate, false or missing information may invalidate the	exan	ninati	ion
and my Medical Examiner's Certificate, that submi	ission of fr	audu	lent o	or inten	ationally false information is a violation of $49 \text{CFR} 390.35$, and a ninal penalties under $49 \text{CFR} 390.37$ and $49 \text{CFR} 386$ Appendic	that s	ubmi	ission
l .	ay subject	me u	J CIVII	Of Criti		ies A	and t	3.
Driver's Signature:					Date: 03/17/2025			
SECTION 2. Examination Report (to be filled out be	by the medi	ical ex	kamin	er)				
DRIVER HEALTH HISTORY REVIEW				Bish.				18-9
Review and discuss pertinent driver answers and any of driver's safe operation of a commercial motor vehicle (available m (CMV).	edica	l reco	rds. Con	nment on the driver's responses to the "health history" questions the	at ma	y affe	ct the
controlled htn and dm								

First Name:	Lamo			OOB: 05-0	1-1900		_ Exam Dat	e: 03/17/20)25
									· 安康 · 哈美
⊙ Yes ○ N	lo		Height: 5	_ feet7ir	nches	Weight: _	194 . pounds		,
Dia	stolic		Urinalysis	;		Sp. Gr.	Protein	Blood	Sugar
	89		Urinalysis	is required.					
						1.010	Negative	Negative	Negative
			Protein, blo	od, or sugar	in the u	rine may l	be an indicati	on for further	testing to
			raic out any	, and enjing	medica	ii probiemi			
asured in each ey	ve. The use o	n. of	Hearing Standard: N hearing loss	Aust first perc of less than	eive wh or equa	ispered vo Il to 40 dB,	ice at not less in better ear (v	than 5 feet 0 with or withou	R average ut hearing aid).
Horizontal F	ield of Visi	ion	Check if he	earing aid u	ised for	r test: 🔲	Right Ear	Left Ear 🛭	Neither
Right Eye: _	130 degre	ees	•						Ear Left Ear
Left Eye: _	130 _{_degre}	ees					which a for	ced 5	5
·	Voc. I	No	OR						
g traffic contro			Audiomet Right Ear:	tric Test Re	sults		Left Ear:		
	0	①	500 Hz	1000 Hz	2000	0 Hz	500 Hz	1000 Hz	2000 Hz
	0	①							
st or optometri	ist? O	o	Average (r	ight):			Average (le	eft):	
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ven if a condition I to take the ne	on does necessary st	ot di eps 1	squalify a dr	iver, the Me	edical E	xaminer	may conside	er deferring	the driver
Normal	Abnorm	nal	Body Syst	em				Normal	Abnormal
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e below and indi	icate wheth	ner it	would affect t	he driver's a	bility to	operate a	CMV.		
	e with or withous sured in each eyeminer's Certification Horizontal Find Right Eye: Left Eye: g traffic control ber colors st or optometric ecessarily disquen if a condition to take the near that might aff Normal Normal O O O O O O O O O O O O O	resured in each eye. The user aminer's Certificate. Horizontal Field of Vis Right Eye: 130 degrous degroin de	Diastolic 89 e with or without correction. asured in each eye. The use of aminer's Certificate. Horizontal Field of Vision Right Eye: 130 degrees Left Eye: 130 degrees Yes No g traffic control nber colors Yes No g traffic control nber colors Normal Abnormal Normal Abnormal Normal Abnormal Normal Abnormal Normal Abnormal Normal Abnormal O O O O O O O O O O O O O O O O O O	Diastolic 89 Urinalysis Numerical must be re Protein, blo rule out any Hearing Standard: M hearing loss miner's Certificate. Horizontal Field of Vision Right Eye: 130 degrees Left Eye: 130 degrees Left Eye: 00 Graminer's Certificate. Yes No Right Eye: 150 degrees Left Eye: 00 Audiomet Right Ear: 00 St or optometrist? 00 Average (re Protein, blo rule out any Standard: M hearing loss whisper T Record dis whisper T Record dis whisper dis Audiomet Right Ear: 00 Average (re Protein, blo rule out any Abact St Abdomet Right Ear: 00 Average (re Protein, blo Radiomet Nearing loss Audiomet Right Ear: 00 Average (re Protein, blo Rearing Standard: M hearing Standard: M	Diastolic 89 Urinalysis Urinalysis is required. Numerical readings must be recorded. Protein, blood, or sugar rule out any underlying Standard: Must first perd hearing loss of less than immer's Certificate. Horizontal Field of Vision Right Eye: 130 degrees Left Eye: 130 degrees Left Eye: 130 degrees Ves No G traffic control nber colors Yes No Audiometric Test Realt: Record distance (in fewhispered voice can whispered voice can superior colors) St or optometrist? Average (right): Protein, blood, or sugar rule out any underlying Standard: Must first perd hearing loss of less than whisper Test Result: Record distance (in fewhispered voice can whispered voice can whispered voice can superior colors) Audiometric Test Realt: St or optometrist? Average (right): St or	Diastolic 89	Diastolic 89	Diastolic Diastolic Urinalysis Sp. Gr. Protein Negative Urinalysis is required. Numerical readings must be recorded. Protein, blood, or sugar in the urine may be an indicative rule out any underlying medical problem. Hearing Standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voice at not less hearing loss of less than or equal to 40 dB, in better ear (standard: Must first perceive whispered voic	Diastolic Diastolic Urinalysis Sp. Gr. Protein Blood Numerical readings must be recorded. Protein, blood, or sugar in the urine may be an indication for further rule out any underlying medical problem. Hearing Standard. Must first perceive whispered voice at not less than 5 feet Of hearing loss of less than or equal to 40 dB, in better ear (with or without correction. Standard. Must first perceive whispered voice at not less than 5 feet Of hearing loss of less than or equal to 40 dB, in better ear (with or without correction). Right Eye: 130 degrees Left Eye: 130 degrees Left Eye: 130 degrees Left Eye: 130 degrees Avisper Test Results Record distance (in feet) from driver at which a forced whispered voice can first be heard OR Audiometric Test Results Right Ear: Left Ear: Soo Hz 1000 Hz 2000 Hz 500 Hz 1000 Hz Stor optometrist? Average (right): Average (left): Lecessarily disqualify a driver, particularly if the condition is controlled adequately, is not like ven if a condition does not disqualify a driver, the Medical Examiner may consider deferring to take the necessary steps to correct the condition as soon as possible, particularly if neglithat might affect driving. Normal Abnormal Abnormal Body System Sody System Including reflexes Sody System Sody System Including reflexes Sody System Sody System Sodies at not less than 5 feet Of Sod Standard System Including reflexes Sodies at not less than 3 to 40 dB, in better ear (with or without correct System) Sod Sod Standard System Sod

Form MCSA-5875

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

Last Name: Gi	wa	First Name:	Lanre	DOB: 05-01-1966	Exam Date: 03/17/2025

 ${\it Please complete only one of the following (Federal or State)} \ {\it Medical Examiner Determination sections:}$

MEDICAL EXAMINER DETERMINATION (Federal)			建		
Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):					
O Does not meet standards (specify reason):					
O Meets standards in 49 CFR 391.41; qualifies for 2-year certificate					
• Meets standards, but periodic monitoring required (specify reason): dm. ht	tn.				
Driver qualified for: O 3 months O 6 months O 1 year O other (specif					
☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompani					
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate					
Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)					
O Determination pending (specify reason):					
Return to medical exam office for follow-up on (must be 45 days or less):					
☐ Medical Examination Report amended (specify reason):					
(if amended) Medical Examiner's Signature:					
O Incomplete examination (specify reason):					
If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.					
I have performed this evaluation for certification. I have personally reviewed all	available records and recor	ded information p	ertaining to this		
evaluation, and attest that, to the best of my knowledge, I believe it to be true a	nd correct.				
Medical Examiner's Signature:					
Medical Examiner's Name (please print or type): Mathew Loewen D.O.					
Medical Examiner's Address: 5520 Westmoreland	City: Dallas	State: TX	Zip Code: 75237		
Medical Examiner's Telephone Number: 214-467-8210					
Medical Examiner's State License, Certificate, or Registration Number: G3026			Issuing State: TX		
OMD ODO OPhysician Assistant OChiropractor OAdvanced Practice Nurse					
OOther Practitioner (specify):					
National Registry Number: 9112635973	Medical Examiner's Certi	ficate Expiration C	Date: 03/17/2026		

Form MCSA-5875

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

Last Name: Giwa	First Name: Lanre	DOB: <u>05-01-1966</u>	Exam	Date: 03/17/2025	
MEDICAL EXAMINER DETERMINATION	ON (State)				
Use this section for examinations performed in accordance with 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):					
Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reason):					
Meets standards in 49 CFR 391.41 wi	th any applicable State variances				
☐ Meets standards, but periodic monit	oring required (specify reason):				
Driver qualified for: 3 months] 6 months ☐ 1 year ☐ other (spe	ecify):			
☐ Wearing corrective lenses ☐					
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)					
If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.					
I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.					
Medical Examiner's Signature:					
Medical Examiner's Name (please print or	type):				
Medical Examiner's Address:			_ State:	Zip Code:	
Medical Examiner's Telephone Number: Date Certificate Signed:					
Medical Examiner's State License, Certifi	cate, or Registration Number:			Issuing State:	
OMD ODO OPhysician Assistant OChiropractor O Advanced Practice Nurse					
OOther Practitioner (specify):					
National Registry Number:		Medical Examiner's Certific	cate Expiration	Date:	

Additional Notes Addendum

Last Name: Giwa DOB: 05-01-1966 First Name: Lanre Exam Date: 03/17/2025 DRIVER HEALTH HISTORY Surgery (continued): Medications (continued): Health History Yes Answers(continued): Other Health Conditions (continued): Examiner Comments (continued):

Last Name: Giwa	First Name: Lanre	DOB:05-01-1966	Exam Date: 03/17/2025
PHYSICAL EXAMINATION		Min. 1883年 1875年 汉克	
OTHER TESTING	The Art As a second second		
Glucose Meter Measurements (mg/dl):			达特·达 发展的中心之一市场。
Neck Circumference: (Inches): 14 in			
BMI: 30.45 kg/m2	•		
Additional comments for abnormal urine values	s:		
Does Not Meet Standards (continued):		15年高月19月1日1日	
Does Not weet Standards (continued):			
Monitoring required due to (continued):			
Reason Text (continued):			
	,		

Last Name: Giwa