Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

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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:** JONES **First Name:** DAVID 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 391.64 *(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
8/12/2024

Medical Examiner's Signature APRN

Medical Examiner's Telephone Number 321-264-9176

Date Certificate Signed 8/12/22

Medical Examiner's Name *(please print or type)* ASHLEY WALTERS

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

Medical Examiner's State License, Certificate, or Registration Number APRN11014525

Issuing State FL

National Registry Number 8914112428

Driver's Signature JJ

Driver's License Number J520-172-83-324-0

Issuing State/Province FL

CLP/CDL Applicant/Holder ☒ Yes ○ No

Driver's Address
Street Address: 2142 Kings Cross City: Titusville State/Province: FL Zip Code: 32796

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