

Public Burden Statement
A Federal agency may not conduct or sponsor an information collection and a person is not required to respond to it unless it displays a currently valid OMB control number. The OMB control number for this information collection is 1520-0046. Public burden for this collection of information is estimated to be approximately 15 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 and are not subject to review or comment by the public. 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, McMDA, 1200 New Jersey Avenue, SE, Washington, DC 20020.

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

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

I certify that I have examined Last Name Tisdell First Name Shane 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
08/16/2023

Medical Examiner's Signature [Signature] Medical Examiner's Telephone Number (352) 314-9300 Date Certificate Signed 08/16/2021

Medical Examiner's Name (please print or type) Carmayn, James
☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (Specify) _____

Medical Examiner's State License, Certificate, or Registration Number PA0110648 Issuing State FL National Registry Number 6926304385

Driver's Signature [Signature] Driver's License Number T234796883320 Issuing State/Province FL

Driver's Address 1106 W Line St City Leesburg State/Province FL Zip Code 34718 CLP/CDL Applicant/Holder ☒ Yes ☐ No

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