Form MCSA-5875

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

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 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)*:
- ○ 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
☐ 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

Medical Examiner's Telephone Number: (352)314-9300

Date Certificate Signed: 08/16/2021

Medical Examiner's Name *(please print or type)*: Carnayn, James

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

Medical Examiner's State License, Certificate, or Registration Number: PA5110648

Issuing State: FL

National Registry Number: 6916304383

Driver's Signature

Driver's License Number: T234798883320

Issuing State/Province: FL

CLP/CDL Applicant/Holder: ● Yes ○ No

Driver's Address
*Street Address: 1106 W Line St

City: Leesburg

State/Province: FL

Zip Code: 34748

*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 ensure confidentiality. Implement 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.**