Form MCSA-5875

OMB No. 2126-0058 Expiration Date: 03/31/2025

Public Burden Statement

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

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(for sticker)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: WHITNEY First Name: CEDRICK Middle Initial: R Date of Birth: 4 7 92 Age:

Street Address: 13525 BARRAM BLVD Apt/Ste: JAX State/Province: FL Zip Code: 32258

Driver's License Number: W350-116-92-127-0 Issuing State/Province: FL Phone: 407.499.2991

E-Mail (optional):

CLP/CDL Applicant/Holder*: ☐ Yes ☐ No

Driver ID Verified By**: DRIV. LICENSE

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☒ No ☐ Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Form ID Verified By: Record what type of photo ID was used to verify the identity of the driver (e.g., TSA, driver's license, passport).

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes" please list and explain below: ☐ Yes ☒ No ☐ Not Sure

Are you currently taking medications (prescription, over the counter, herbal remedies, diet supplements)? If "yes" please describe below: ☐ Yes ☒ No ☐ Not Sure

(Attach additional sheets if necessary)

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