Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 12/31/2024

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

MEDICAL EXAMINER'S CERTIFICATE
(To be completed by Driver Medical Fact Review)

CMV DRIVER CERTIFICATION

I certify that I have examined (**last name**) Bell (**first name**) Thallassa 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 (specify type): _____
- ☐ 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 (Pickers)
- ☐ 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: 11/9/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 9183225539

Date Certificate Signed: 11/9/2023

Medical Examiner's Name (please print or type): Dr. Daniel Donald D.C.

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

Medical Examiner's State License, Certificate, or Registration Number: 1295

Issuing State: Louisiana

National Registry Number: 3889119792

CMV DRIVER INFORMATION

Driver's Signature: Thallassa DaNeal Bell

Driver's License Number: 062717231

Issuing State/Province: LA

Driver's Address (Street Address): 915 Atkinson Dr City: Monroe State/Province: LA Zip Code: 71202

CLP/CDL Applicant/Holder: (●) Yes ( ) No

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