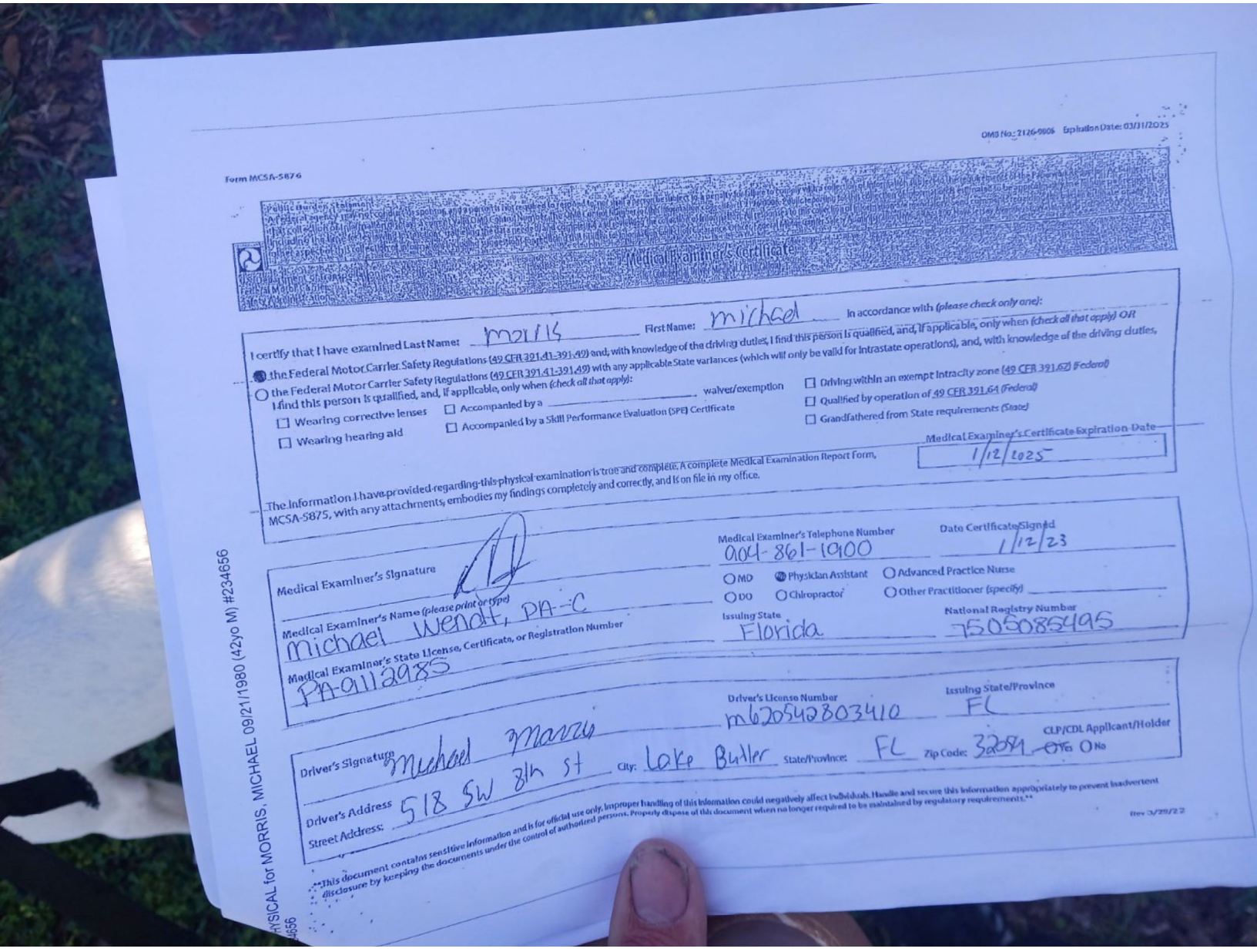

Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

Public Burden Statement

Medical Examiner's Certificate

I certify that I have examined Last Name: morris First Name: michael 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: 1/12/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: 904-861-1900

Date Certificate Signed: 1/12/23

Medical Examiner's Name (please print or type): Michael Wendt, PA-C

○ MD ● Physician Assistant ○ Advanced Practice Nurse

○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: PA-a112985

Issuing State: Florida

National Registry Number: 7505085495

Driver's Signature: Michael Morris

Driver's License Number: m620542803410

Issuing State/Province: FL

Driver's Address Street Address: 518 SW 8th St City: Lake Butler State/Province: FL Zip Code: 32054

CLP/CDL Applicant/Holder ○ Yes ○ No

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 prevent inadvertent disclosure 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.

Rev 3/29/22

PHYSICAL for MORRIS, MICHAEL 09/21/1980 (42yo M) #234656

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