Form MCSA-5875

OMB No.: 2126-0006 Expiration Date: 05/31/2025

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

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #
PSH 0227
(or sticker)

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

PERSONAL INFORMATION

Last Name: BANDY's First Name: GARY Middle Initial: ___ Date of Birth: 02/27/67 Age: ___

Street Address: 236 WAKEMAN CT City: Lexington State/Province: SC Zip Code: 29072

Driver's License Number: 008735273 Issuing State/Province: SC Phone: 803.

E-Mail *(optional)*: ___ CLP/CDL Applicant/Holder*: ● Yes ○ No

Driver ID Verified By**: Danielle Jennings

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.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, 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

Metformin 500 mg
amlodipine 10 mg tablet
Losartan 50 mg tablet

(Attach additional sheets if necessary)

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