

OMB No. 2126-0006

Expiration Date: 03/31/2025

Form MCSA-5876

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

### Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

**CMV DRIVER CERTIFICATION**

I certify that I have examined (last name) Fleming (first name) Gaylord in accordance with (please check only) ☒ 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):

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a waiver/exemption (specify type): _____         | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid                  | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal)                 |
|   |  | <input type="checkbox"/> 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

04/17/2024

**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Nevels, Harold V

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

11492

Medical Examiner's Telephone Number

(615)695-0095

Date Certificate Signed

04/17/2023

☒ MD☐ Physician Assistant☐ Advanced Practice Nurse☐ DO☐ Chiropractor☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

TN

National Registry Number

8293982833

**CMV DRIVER INFORMATION**

Driver's Signature

Driver's License Number

F455292644410

Issuing State/Province

FL

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 2665 n Atlantic Ave 112

City: Daytona Beach

State/Province: FL

Zip Code: 32118

☒ Yes ☐ No

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