Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** OZJAYANNA **First Name:** CHAPAKUMAR in accordance with (please check only one):

- [X] 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/ exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving with an exempt intracity zone (49 CFR 391.62) (Federal)
- [ ] 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: 5-11-22

Medical Examiner's Signature: [signature]

Medical Examiner Telephone Number: 708-489-2225

Date Certificate Signed: 5-11-21

Medical Examiner's Name (please print or type): Dr. Lolita A. Wilburn

- [ ] MD
- [ ] Physician Assistant
- [ ] Advanced Practice Nurse
- [ ] DO
- [X] Chiropractor
- [ ] Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: IL038007208

Issuing State/Province: IL

National Registry Number: 1360845328

Driver's Signature: [signature]

Driver's License Number: V250298779142

Issuing State/Province: IL

Driver's Address

Street Address: 16240 SAWYER AVE City: MARKHAM State / Province: IL Zip Code: 60428

CLP / CDL Applicant/Holder

- [X] Yes
- [ ] No

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