Form MCSA-5875

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

Last Name: Grant First Name: Thomas W DOB: 10/5/71 Exam Date: 12/13/23

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- ○ Does not meet standards *(specify reason)*: _____
- ○ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- ◉ Meets standards, but periodic monitoring required *(specify reason)*: _____

  Driver qualified for: ◉ 3 months ○ 6 months ○ 1 year ○ other *(specify)*: _____

  ☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption *(specify type)*: _____

  ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*

  ☐ Driving within an exempt intracity zone *(see 49 CFR 391.62) (Federal)*
- ○ Determination pending *(specify reason)*: _____

  ☐ Return to medical exam office for follow-up on *(must be 45 days or less)*: _____

  ☐ Medical Examination Report amended *(specify reason)*: _____

  (if amended) Medical Examiner's Signature: _____ Date: _____
- ○ Incomplete examination *(specify reason)*: _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name *(please print or type)*: JACQUELINE BERMUDEZ, DC

Medical Examiner's Address: 14042 PALM BEACH BLVD City: FORT MYERS State: FL Zip Code: 33905

Medical Examiner's Telephone Number: (239) 313-5427 Date Certificate Signed: 12/13/23

Medical Examiner's State License, Certificate, or Registration Number: CH 8963 Issuing State: FL

☐ MD ☐ DO ☐ Physician Assistant ☑ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner *(specify)*: _____

National Registry Number: 9905665838

Medical Examiner's Certificate Expiration Date: 3/13/24