Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/31/2024

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

Medical Examiner's Certificate
(To Be Completed by Medical Examiner)

I certify that I have examined **Last Name:** VAINQUEUR **First Name:** STEVENET 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)*:
- [ ] the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variance (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 within 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: 04/15/2025

Medical Examiner's Signature: Tara Murray

Medical Examiner's Name *(please print or type)*: Tara Murray

Medical Examiner's State License, Certificate, or Registration Number: ch10870

Medical Examiner's Telephone Number: (772) 336-8600

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

Issuing State: Florida

National Registry Number: 8576431125

Date Certificate Signed: 04/15/2023

Driver's Signature: [signature]

Driver's License Number: V526-720-87-356-0

Issuing State/Province: Florida

Driver's Address
Street Address: 525 NW AURORA ST City: PORT ST LUCIE State/Province: FL Zip Code: 34983

CLP/CDL Applicant/Holder? [X] Yes [ ] No

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Rev 1/15/20

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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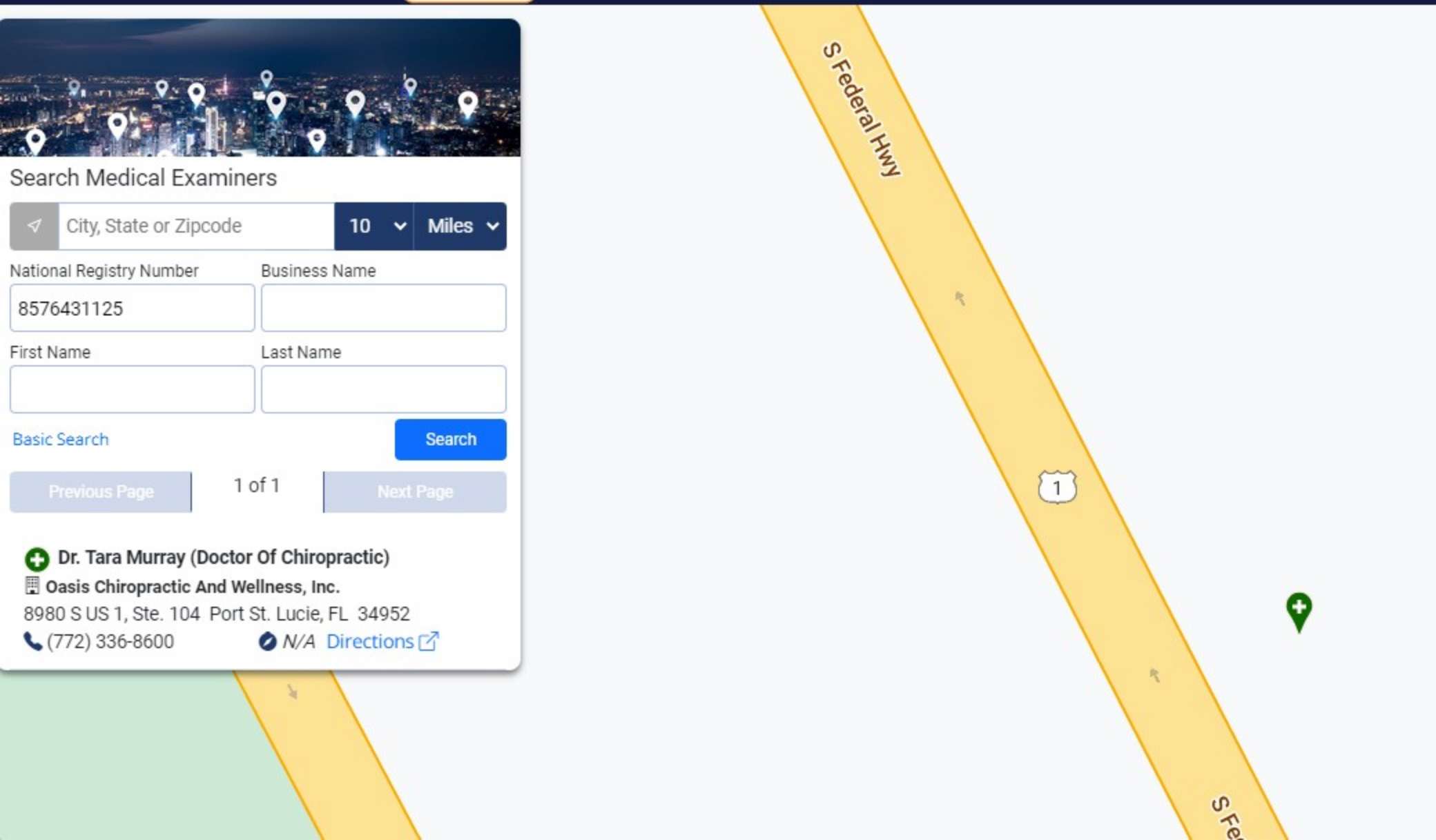
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