

Form MCSA-5876

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

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

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name: Marciano Jr** **First Name: Wilson** in accordance with (please check only one):
☒ 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 type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <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 Signature

Medical Examiner's Name (please print or type)

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

Driver's Signature

Driver's Address

Street Address:

Medical Examiner's Telephone Number

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

Issuing State

Driver's License Number

Date Certificate Signed

National Registry Number

Issuing State/Province

Zip Code:

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Search Medical Examiners

City, State or Zipcode 10 Miles

National Registry Number

Business Name

7114392130

First Name

Last Name

Basic Search

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Dr. Douglas Clearwater (Doctor Of Chiropractic)

Injury Health Center

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N/A [Directions](#)

