Form MCSA-5876

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

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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:** Rodriguez **First Name:** Jose 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)*:

- ☒ 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: 3/4/2025

Medical Examiner's Signature: Jennifer Komada

Medical Examiner's Telephone Number: (708) 631-2781

Date Certificate Signed: 3/4/2023

Medical Examiner's Name *(please print or type)*: Jennifer Komada

○ MD ○ Physician Assistant ☒ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: 209.016056

Issuing State: IL

National Registry Number: 4477655245

Driver's Signature:

Driver's License Number: R36242181170

Issuing State/Province: IL

Driver's Address
Street Address: 6149 Knollwood, 101 City: Willowbrook State/Province: IL Zip Code: 60527

CLP/CDL Applicant/Holder ☒ Yes ○ No

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Rev 3/29/22

Jennifer Komada
(Nurse Practitioner)

Email Website

Practice Business Name
Midwest Express Clinic

Address
12200 Western Ave Suite 100 Blue Island, IL 60406

Hours of Operation
-

National Registry Number
4477655245

Certification Date
12/22/2018

Distance
N/A

Business Phone
(708) 631-2781

Business Fax Number
7086312783

Business Email
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