Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 12/31/2024

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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:** ALVERY **First Name:** ERNEST 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)*

Medical Examiner's Certificate Expiration Date: 6/7/25

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 Julie Muenster ARNP

Medical Examiner's Name *(please print or type)*: JULIE MUENSTER, ARNP

Medical Examiner's Telephone Number: 563-584-4600

Date Certificate Signed: 6/7/23

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

Medical Examiner's State License, Certificate, or Registration Number: A-095847

Issuing State: IA

National Registry Number: 9969371055

Driver's Signature

Driver's License Number: A416200834540

Issuing State/Province: FLORIDA

Driver's Address

Street Address: 3034 brookstone Ter City: DAVENPORT State/Province: FL Zip Code: 33837

CLP/CDL Applicant/Holder: ○ Yes ○ No

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Rev 1/5/22

Mrs. Julie Muenster
(Nurse Practitioner)

Email | Website

Practice Business Name
Tri-State Occupational Health

Address
4155 Pennsylvania Ave Dubuque, IA 52002

Hours of Operation
8am-5pm m-f

National Registry Number
9969371055

Certification Date
09/10/2013

Distance
N/A

Business Phone
(563) 584-4600

Business Fax Number
5635827847

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