

Public Burden Statement

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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: Cohn First Name: James 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 Certificate Expiration Date

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name (please print or type)

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

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

Issuing State

National Registry Number

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 1354 Moreland Dr City: Clearwater State/Province: FL Zip Code: 3374 ☒ Yes ☐ No

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National Registry Number

7114392130

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[Next Page](#) **Dr. Douglas Clearwater (Doctor Of Chiropractic)** **Injury Health Center**

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(813) 302-7246

 N/A [Directions](#) 



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