

Form MCSA-5876

OMB No. 2126-0056 Expiration Date 03/31/2025

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0056. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-90A, 1205 New Jersey Avenue, SE, Washington, DC 20590.

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

I certify that I have examined Last Name: Dondle First Name: Emanuel in accordance with (please check only one):
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.43) 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 391.41-391.43) 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 ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.63) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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 5/29/2025

Medical Examiner's Signature [Signature] Medical Examiner's Telephone Number (219) 841-8788 Date Certificate Signed 5/29/2024
Medical Examiner's Name (please print or type) Crystal Frahm
☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number 28224324A Issuing State IN National Registry Number 8748860567

Driver's Signature [Signature] Driver's License Number 3900125720 Issuing State/Province IN
Driver's Address Street Address: 785 Juniper rd, 65 City: Valparaiso State/Province: IN Zip Code: 46385 CLP/CDL Applicant/Holder ☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev 3/1/23

[Home](#)[Register](#)[Find A
Medical
Examiner](#)[Resource
Center](#)[Contact
Us](#)[Login](#)

Search Medical Examiners

National Registry Number

8748860567

Business Name

First Name


Last Name

Basic Search

1 of 1

 **Crystal Frahm (Nurse Practitioner)** **Midwest Express Clinic**

8135 Calumet Ave Munster, IN 46321

 (219) 513-2000 N/A [Directions](#) 

