

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: Dondle First Name: Emanuel 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 ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (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

5/11/2026

Medical Examiner's Signature
Rhonda Sears FNBC

Medical Examiner's Telephone Number
(219) 841-8788

Date Certificate Signed
5/11/2025

Medical Examiner's Name (please print or type)

Rhondalynn Sears

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

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

71000484A

Issuing State

IN

National Registry Number

7712617356

Driver's Signature

[Signature]

Driver's License Number

3900125720

Issuing State/Province

IN

Driver's Address

Street Address: 785 Pittsburg Ave, 87 City: Valparaiso State/Province: IN Zip Code: 46385 CLP/CDL Applicant/Holder ☒ Yes ☐ No

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 **Rhondalynn Sears**
(Advanced Practice Registered Nurse)

 [Email](#)

 [Website](#)

Practice Business Name
Midwest Express Clinic

Address
31 E Sibley St Suite A Hammond, IN 46320

Hours of Operation
-

National Registry Number
7712617356

Certification Date
09/20/2024

Distance
N/A

Business Phone
(219) 802-8800

Business Fax Number
-

Business Email
hammond@midwestexpressclinic.com

