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:** MACDONALD **First Name:** JOSEPH 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
- [x] 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)*
- [ ] 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: 7-17-26

Medical Examiner's Signature Edward W Hoglund D.C. **Medical Examiner's Telephone Number** 321-452-5826 **Date Certificate Signed** 7-17-24

Medical Examiner's Name *(please print or type)*: EDWARD W. HOGLUND, D.C.

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

Medical Examiner's State License, Certificate, or Registration Number: CH5125 **Issuing State**: Florida **National Registry Number**: 4729122944

Driver's Signature [signature] **Driver's License Number**: M235 485 64 341 0 **Issuing State/Province**: FLORIDA

Driver's Address
Street Address: 1055 JERSEY ST City: COCOA State/Province: FL Zip Code: 32927

CLP/CDL Applicant/Holder: (●) Yes ( ) No

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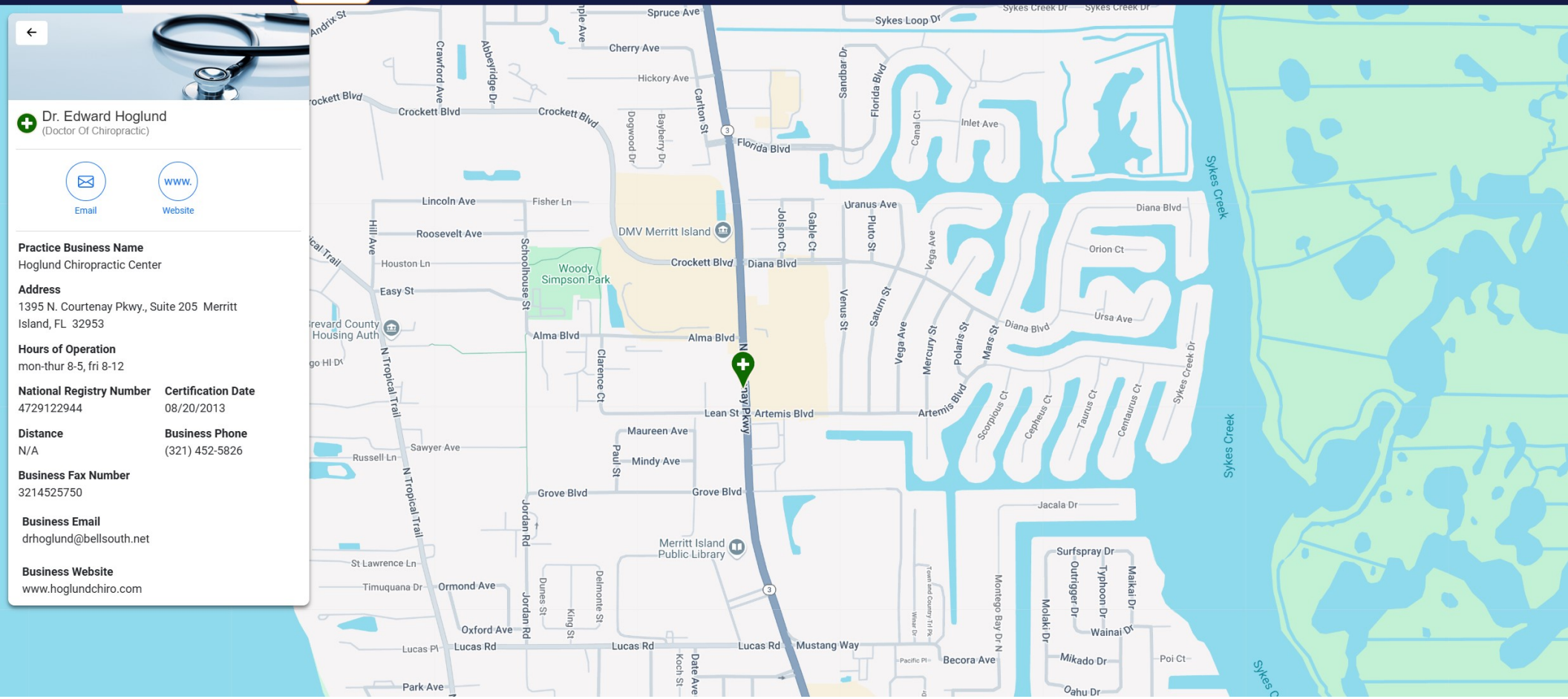
Rev 3/1/23



Dr. Edward Hoglund
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Hoglund Chiropractic Center

Address
1395 N. Courtenay Pkwy., Suite 205 Merritt Island, FL 32953

Hours of Operation
mon-thur 8-5, fri 8-12

National Registry Number
4729122944

Certification Date
08/20/2013

Distance
N/A

Business Phone
(321) 452-5826

Business Fax Number
3214525750

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