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 **Ms. Corinna Emmerth (Advanced Practice Registered Nurse)**

 **Medexpress**

1585 Wheeling Ave Glen Dale, WV 26038

 (304) 843-5381  N/A [Directions](#) 





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Form MCSA-5875

Do not attempt to sign this form until you have read the instructions on the back of this form. The DMV cannot be held responsible for the consequences of any errors or omissions on this form. The DMV cannot be held responsible for the consequences of any errors or omissions on this form. The DMV cannot be held responsible for the consequences of any errors or omissions on this form.

**Medical Examiner's Certificate**  
(Medical Certificate)

I certify that I have examined **Last Name:** PROVENCE **First Name:** WIGGENS

☒ 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):

☐ 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 temporary zone (49 CFR 391.49) (Special)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State Requirements (Same)

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** *[Signature]* **Medical Examiner's Telephone Number** 304-843-5381 **Date Certificate Signed** 6/22/24

**Medical Examiner's Name (please print or type)** Corinna Emerich ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse ☐ DO ☐ Chiropractor ☐ Other Practitioner (Specify)

**Medical Examiner's State License, Certificate, or Registration Number** APRN59392 **Issuing State** WV **National Registry Number** 257150249

**Driver's Signature** *[Signature]* **Driver's License Number** P76037880009861 **Issuing State/Province** NJ

**Driver's Address** Street Address: 47 ELM ST APT 501 City: ELIZABETH State/Province: NJ Zip Code: 07038 ☒ CLP/CDL Applicant/Holder ☐ Yes ☒ No

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