Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 08/31/2025

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US 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:** Marshall **First Name:** Craig 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 390.3(f)/391.64) 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
- ☐ 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) *(waiver)*
- ☐ 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: 10/28/2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (656) 204-2464

Date Certificate Signed: 10/28/2024

Medical Examiner's Name *(please print or type)*: Colin Sinnott

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

Medical Examiner's State License, Certificate, or Registration Number: CH13012

Issuing State: FL

National Registry Number: 9179399076

Driver's Signature: [signature]

Driver's License Number: m624118653610

Issuing State/Province: FL

Driver's Address
Street Address: 7219 daggett ter City: new port richey State/Province: FL Zip Code: 34655

CLP/CDL Applicant/Holder ● Yes ○ No

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