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:** Thomas **First Name:** Robert 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 ☐ Qualified by operation of 49 CFR 391.64 *(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: 10/14/24

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number: 734-728-4445

Date Certificate Signed: 10/14/22

Medical Examiner's Name *(please print or type)*: James Siskosky

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

Medical Examiner's State License, Certificate, or Registration Number: 5101006444

Issuing State: Michigan

National Registry Number: 8720931379

Driver's Signature [signature]

Driver's License Number: 44722216

Issuing State/Province: TX

Driver's Address
Street Address: 2704 Littlewood Dr City: KILLEEN State/Province: TX Zip Code: 76549

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

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Rev 3/29/22

Dr. James Siskosky
(Doctor Of Osteopathy)

Email Website

Practice Business Name
Suburban Occupational Health

Address
29750 Ecorse Road Romulus, MI 48174

Hours of Operation
m-f 7am-8pm

National Registry Number
8720931379

Certification Date
12/11/2013

Distance
N/A

Business Phone
(734) 728-4445

Business Fax Number
7347284442

Business Email
james_siskosky@ihacares.com