Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 12/31/2024

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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:** Detscher **First Name:** Patrick 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** 8/15/24

**Medical Examiner's Signature** Joyce Kennedy PA-C

**Medical Examiner's Telephone Number**

**Date Certificate Signed** 8/15/22

**Medical Examiner's Name** *(please print or type)*
Joyce Kennedy,MS,PA-C

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

**Medical Examiner's State License, Certificate, or Registration Number** 0958

**Issuing State** NH

**National Registry Number** 6442455005

**Driver's Signature** Patrick Detscher

**Driver's License Number** D526-666-50-760 **Issuing State/Province** FL

**Driver's Address**

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____ **CLP/CDL Applicant/Holder** ( ) Yes ( ) No

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