



Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/

## Public Burden Statement

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U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

### Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

certify that I have examined Last Name McFadden First Name Aaron 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) **OF**
- ☐ 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):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption                         | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid       | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal)                 |
|  |  | <input type="checkbox"/> 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

06/07/2021

## Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Bedwell, Kevin

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

C0002316

Medical Examiner's Telephone Number

(410)633-3600

Date Certificate Signed

06/07/2019

☐ MD ☒ Physician Assistant☐ Advanced Practice Nurse☐ DO ☐ Chiropractor☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

MD

National Registry Number

6072704269

## Driver's Signature

Driver's Address

Driver's License Number

0900457640

Issuing State/Province

IN

CLP/CDL Applicant/Hold

Street Address: 802 candle light dr apt 3A

City: BEL AIR

State/Province: MD

Zip Code: 21014

☒ Yes ☐ No

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