

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond, nor shall a person be subject to a penalty for failure to comply with the collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington D.C. 20590

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

Medical Examination Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Kushel First Name: Alexander 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 the 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 interstate 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 (State)
- 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

Medical Examiner's Signature: [Signature]  
 Medical Examiner's Name: Stephen Hodgenson DC  
 Medical Examiners' State License, Certificate, or Registration Number: 6745  
 Driver's Signature: [Signature]  
 Driver's Address: 13415 Cathay Ct Aurora

Medical Examiner's Telephone Number: 703-436-2534 Date Certificate Expires: 4/15/2020  
 MD  Physician Assistant  Advanced Practical Nurse  
 DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_  
 Issuing State: CO National Registry Number: 69710371001  
 Driver's License Number: 12-10-0295 Issuing State/Province: CO  
 State/province: CO Zip Code: 80017 CLP/CDL Applicant/Holder:  Yes  No