Form MCSA-5875

OMB No. [illegible] Expiration Date: [illegible]

Public Burden Statement

[illegible]

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

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: Glechner First Name: Mark Middle Initial: C Date of Birth: 12/8/1962 Age: 57

Street Address: 181 W. Main St City: Seattleville State/Province: OH Zip Code: 44617

Driver's License Number: RT724789 Issuing State/Province: OH Phone: 832-[illegible]-2262 Gender: ● M ○ F

E-mail (optional): MARKCGL@ROTONMAIL.COM CLP/CDL Applicant/Holder*: ● Yes ○ No

Driver ID Verified By**: CKalog, MA

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ○ Yes ● No ○ Not Sure

*CLP/CDL Applicant/Holder: [illegible]

**[illegible]

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. ● Yes ○ No ○ Not Sure

To set broken arm - 2003 Rt radius

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? ○ Yes ● No ○ Not Sure
If "yes," please describe below.

(Attach additional sheets if necessary)

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.