

Form MCSA-5876 (Revised: 12/06/2015)

OMB No. 2126-0006 Expiration Date: 8/31/2018

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

**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certificate)

I certify that I have examined Last Name Kelly First Name M. L. B. A. 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  
☐ Wearing hearing aid  
☐ Accompanied by a \_\_\_\_\_ waiver/exemption  
☐ Accompanied by a Skill Performance (SPE) Certificate  
☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
☐ Qualified by operation of 49 CFR 391.64 (Federal)  
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

2/22/20

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 Signature

Olaper Kolesow

Medical Examiner's Telephone Number

443 524 2737

Date Certificate Signed

2/22/18

Medical Examiner's Name (please print or type)

Olaper Kolesow

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

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

R174823

Issuing State

MD

National Registry Number

1009686630

Driver's Signature

Driver's Address

Street Address:

Driver's License Number

1400603237136

Issuing State/Province

MD

CLP/CDL Applicant/Holder

☒ Yes ☐ No

City:

Baltimore

State/Province:

MD

Zip Code:

21202