Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: [illegible]

Please note, the expiration date on this form relates to the process for renewing the Information Collection Request that includes this form with the Office of Management and Budget. This requirement [illegible] requested on this form does not expire.

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Ervin (first name) Nathan 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 (specify type): ______
- [ ] Accompanied by a Skill Performance Evaluation (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)

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: JUL 0 5 2026

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 8552154054

Date Certificate Signed: 7/5/22

Medical Examiner's Name (please print or type): DAVID JEFFERSON, D.C.

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (●) Chiropractor ( ) Other Practitioner (specify): ______

Medical Examiner's State License, Certificate, or Registration Number: AL2250

Issuing State: Alabama

National Registry Number: 4483908700

CMV DRIVER INFORMATION

Driver's Signature: Nathan D. [signature]

Driver's License Number: 517334521

Issuing State/Province: NM

Driver's Address

Street Address: 1832 Buena Vista Dr SE **City:** Albuquerque **State/Province:** NM **Zip Code:** 87106

CLP/CDL Applicant/Holder: (●) Yes ( ) No