Form MCSA-5876 OMB No.: 2126-0006 Expiration Date: 12/31/2024

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

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

I certify that I have examined **Last Name:** Scott **First Name:** Sterling 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 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: 05/01/2025

Medical Examiner's Signature FNP

Medical Examiner's Telephone Number: (423) 648-7699

Date Certificate Signed: 05/01/2023

Medical Examiner's Name *(please print or type)*: Linda Morris

( ) MD ( ) Physician Assistant (●) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: APN0000017466

Issuing State: Tennessee

National Registry Number: 5896327282

Driver's Signature SScott

Driver's License Number: A62692495

Issuing State/Province: Virginia

Driver's Address
Street Address: 3204 Drawbridge CT City: Chesapeake State/Province: VA Zip Code: 23323

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

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Rev 1/5/22