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:** Anderson **First Name:** George 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)

Medical Examiner's Certificate Expiration Date: 06/02/2024

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: Jennifer Lockhart NP-C

Medical Examiner's Name (please print or type): Jennifer Lockhart

Medical Examiner's Telephone Number: (252) 991-0555

Date Certificate Signed: 06/02/2023

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

Medical Examiner's State License, Certificate, or Registration Number: NH12363

Issuing State: North Carolina

National Registry Number: 8332432294

Driver's Signature: George Anderson

Driver's License Number: 27949293

Issuing State/Province: North Carolina

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

Driver's Address: 1245 Sneed Side Rd

City: Columbia State/Province: NC Zip Code: 27925