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)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* Waters *(first name)* Lawrence in accordance with *(please check only one)*:

- [X] 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)*:

- [X] 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: 3/29/25

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 626 960 5361

Date Certificate Signed: 3/29/23

Medical Examiner's Name *(please print or type)*: Yuan, Arnold

- [X] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: G70519

Issuing State: California

National Registry Number: 8004029139

CMV DRIVER INFORMATION

Driver's Signature: Lawrence Waters

Driver's License Number: C7124967

Issuing State/Province: CA

Driver's Address
Street Address: 147 E Central City: Monrovia State/Province: CA Zip Code: 91016

CLP/CDL Applicant/Holder
- [X] Yes
- [ ] No

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