Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

Public Burden Statement

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:** Reppond **First Name:** Nathaniel 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: 8/24/22

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 8104460900

Date Certificate Signed: 8/24/20

Medical Examiner's Name (please print or type): Davis, Joe

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

Medical Examiner's State License, Certificate, or Registration Number: 5101009015

Issuing State: MI

National Registry Number: 9420766270

Driver's Signature: [signature]

Driver's License Number: 114050148

Issuing State/Province: TN

Driver's Address

Street Address: 2217 Glenburn Rd Lot 6 City: Kingsport State/Province: TN Zip Code: 37660

CLP/CDL Applicant/Holder

- ☑ Yes ☐ No

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