

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 <small>(for Commercial Driver Medical Certification)</small>	
I certify that I have examined (last name) <u>Foskett</u> (first name) <u>Dylan</u> In accordance with (please check only one): <input checked="" type="radio"/> 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 <input type="radio"/> 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): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Wearing corrective lenses <input type="checkbox"/> Accompanied by a waiver/exemption (specify type) _____ <input type="checkbox"/> Wearing hearing aid <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate </div> <div style="width: 45%;"> <input type="checkbox"/> Driving within an exempt Intracity zone (49 CFR 391.62) (Federal) <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) <input type="checkbox"/> Grandfathered from State requirements (State) </div> </div>			
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 <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">09/21/2025</div>	
Medical Examiner's Signature 		Medical Examiner's Telephone Number (603) 430-9675	
Medical Examiner's Name (please print or type) Geoffrey Shreck, MD		Date Certificate Signed 09/21/2023	
Medical Examiner's State License, Certificate, or Registration Number NH 12178		<input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number NH 12178		Issuing State NH	
Medical Examiner's State License, Certificate, or Registration Number NH 12178		National Registry Number 8833872718	
Driver's Signature 		Driver's License Number 4269298A	
Driver's Address Street Address: 4937 VT Rt 102 City: Maldstone State/Province: VT Zip Code: 05905		Issuing State/Province VERMONT	
		CLP/CDL Applicant/Holder <input type="radio"/> Yes <input checked="" type="radio"/> No	

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