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:** Hill **First Name:** Adrian 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)*:

- [ ] 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: 01/20/2025

Medical Examiner's Signature: [signature] APRN

Medical Examiner's Telephone Number: (603) 226-9010

Date Certificate Signed: 01/20/23

Medical Examiner's Name *(please print or type)*: Devon Rooney

- [ ] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [x] Advanced Practice Nurse
- [ ] Other Practitioner *(specify)* ____________

Medical Examiner's State License, Certificate, or Registration Number: 059411-23

Issuing State: NH

National Registry Number: 9415063508

Driver's Signature: [signature]

Driver's License Number: NAL19110074

Issuing State/Province: NH

Driver's Address

Street Address: 34 Greenhouse Ln City: Bradford State/Province: NH Zip Code: 03221

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

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Rev 1/5/22