


Form MCSA-5876		OMB No.: 2126-0006 Expiration Date: 12/31/2024	
<div><div><div>Public Burden Statement A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-PRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</div></div></div>			
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) <u>Rowe</u> (first name) <u>Christopher</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><div><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><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>04/17/2024</div>	
Medical Examiner's Signature <u>Mary J. Uhrich, PA-C</u>		Medical Examiner's Telephone Number (603) 430-9675	Date Certificate Signed 04/17/2023
Medical Examiner's Name (please print or type) Mary J. Uhrich, PA-C		<input type="radio"/> MD <input checked="" 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 0150		Issuing State NEW HAMPSHIRE	National Registry Number 6918754926
Driver's Signature <u>[Signature]</u>		Driver's License Number NHL11379400	Issuing State/Province NEW HAMPSHIRE
Driver's Address Street Address: 3 Tasker Lane City: Newmarket State/Province: NH Zip Code: 03857		CLP/CDL Applicant/Holder <input type="radio"/> Yes <input checked="" type="radio"/> No	

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev 12/15/21