

Form MCSA-5876		OMB No.: 2126-0006 Expiration Date: 12/31/2024	
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		Medical Examiner's Certificate <small>(for Commercial Driver Medical Certification)</small>	
I certify that I have examined (last name) <u>Lang</u> (first name) <u>Nathan</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 391.6a (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; padding: 2px; display: inline-block;">02/21/2025</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 02/21/2023	
Medical Examiner's State License, Certificate, or Registration Number NH 12178		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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) _____ </div> <div style="width: 45%;"> Issuing State NH </div> </div>	
Driver's Signature 		National Registry Number 8833872718	
Driver's Address Street Address: 22 Strafford Rd City: Rochester State/Province: NH Zip Code: 03867		Issuing State/Province NEW HAMPSHIRE	
		CLP/CDL Applicant/Holder <input type="radio"/> Yes <input checked="" type="radio"/> No	

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