Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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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)* Lord III *(first name)* Robert 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 (specify type) _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(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: 12/23/2026

Medical Examiner's Signature: Stephanie Andrade, NP

Medical Examiner's Telephone Number: (603) 430-9675

Date Certificate Signed: 12/23/2024

Medical Examiner's Name *(please print or type)*: Stephanie Andrade, NP

○ MD ○ Physician Assistant ● Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: 068079-23

Issuing State: New Hampshire

National Registry Number: 1171992694

Driver's Signature: Rob Lord

Driver's License Number: NHL15804534

Issuing State/Province: New Hampshire

Driver's Address
Street Address: 12 North Main Street Apt 205 City: Rochester State/Province: NH Zip Code: 03867

CLP/CDL Applicant/Holder: ○ Yes ● No

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