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)

CMV DRIVER CERTIFICATION

I certify that I have examined **(last name)** Christensen **(first name)** Nathaniel in accordance with *(please check only*

- (●) 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 bya waiver/exemption (specifytype): _____
☐ 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
10/17/2025

MEDICAL EXAMINER INFORMATIO

Medical Examiner's Signature
[signature]

Medical Examiner's Telephone Number
(509)747-0770

Date Certificate Signed
10/17/2023

Medical Examiner's Name *(please print or type)*
Nall, John

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

Medical Examiner's State License, Certificate, or Registration Number
MD00034910

Issuing State
WA

National Registry Number
2370655050

CMV DRIVER INFORMATION

Driver's Signature
[signature]

Driver's License Number
Chr677652

Issuing State/Province
ND

Driver's Address

Street Address: 905 3rd Ave NW Apt 3 City: Mandan State/Province: ND Zip Code: 58554

CLP/CDL Applicant/Holder
(●) Yes ( ) No

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←

Dr. John Nall
(Medical Doctor)

Email Website

Practice Business Name
Concentra South Hill Clinic

Address
2005 E 29th Ave Spokane, WA 99203-3957

Hours of Operation
-

National Registry Number
2370655050

Certification Date
11/22/2013

Distance
N/A

Business Phone
(509) 747-0770

Business Fax Number
5096240620