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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:** Wright **First Name:** Christopher 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 ☐ Accompanied by a \_\_\_\_\_ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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**04/23/2026**Medical Examiner's Signature**Rebecca Young**Medical Examiner's Name** (please print or type)Rebecca Young**Medical Examiner's State License, Certificate, or Registration Number**4870**Medical Examiner's Telephone Number**(864) 336-5275**Date Certificate Signed**04/23/2024

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

**Issuing State**South Carolina**National Registry Number**4306170063**Driver's Signature**Christopher Wright**Driver's Address**Street Address: 12490 Quivira RdCity: Overland ParkState/Province: KSZip Code: 66213**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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