Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 05/31/2025

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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:** Mosilme **First Name:** Nwens 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
- ☐ 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: 7/28/2025

Medical Examiner's Signature: Christopher T Hassinger

Medical Examiner's Telephone Number: (803) 433-5600

Date Certificate Signed: 7/28/2023

Medical Examiner's Name *(please print or type)*: Christopher Hassinger

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

Medical Examiner's State License, Certificate, or Registration Number: 24993

Issuing State: SC

National Registry Number: 9641140809

Driver's Signature: Nwens M.

Driver's License Number: M245-620-78-175-0

Issuing State/Province: FL

CLP/CDL Applicant/Holder ☒ Yes ○ No

Driver's Address
Street Address: 2274 sw gables avenue City: Port st lucie State/Province: FL Zip Code: 34953

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Rev. 3/29/22

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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Mr. Christopher Hassinger
(Advanced Practice Registered Nurse)

Email | Website

Practice Business Name
Low Country Urgent Care

Address
222 S. Van Lingle Mungo Blvd Pageland, SC 29728

Hours of Operation
-

National Registry Number
9641140809

Certification Date
10/11/2022

Distance
N/A

Business Phone
(843) 675-5000

Business Fax Number
-

Business Email
mgibbons@lowcountryurgentcare.com