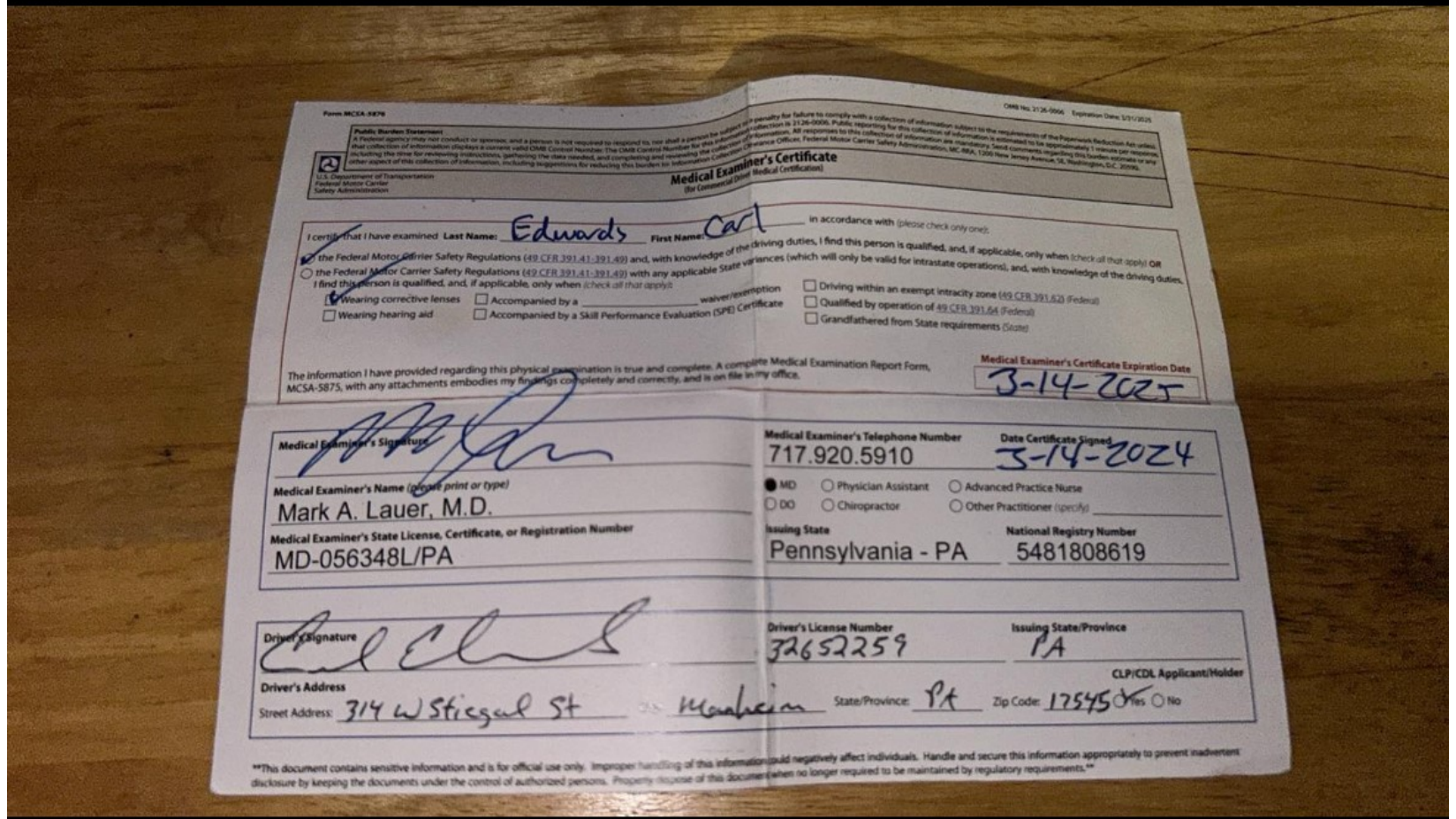

Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 3/31/2025

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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:** Edwards **First Name:** Carl in accordance with (please check only one):

- [x] 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):

- [x] 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: 3-14-2025

Medical Examiner's Signature

Medical Examiner's Telephone Number: 717.920.5910

Date Certificate Signed: 3-14-2024

Medical Examiner's Name (please print or type): Mark A. Lauer, M.D.

- [x] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: MD-056348L/PA

Issuing State: Pennsylvania - PA

National Registry Number: 5481808619

Driver's Signature

Driver's License Number: 32652259

Issuing State/Province: PA

CLP/CDL Applicant/Holder

Driver's Address

Street Address: 314 W Stiegel St City: Manheim State/Province: PA Zip Code: 17545 [x] Yes [ ] No

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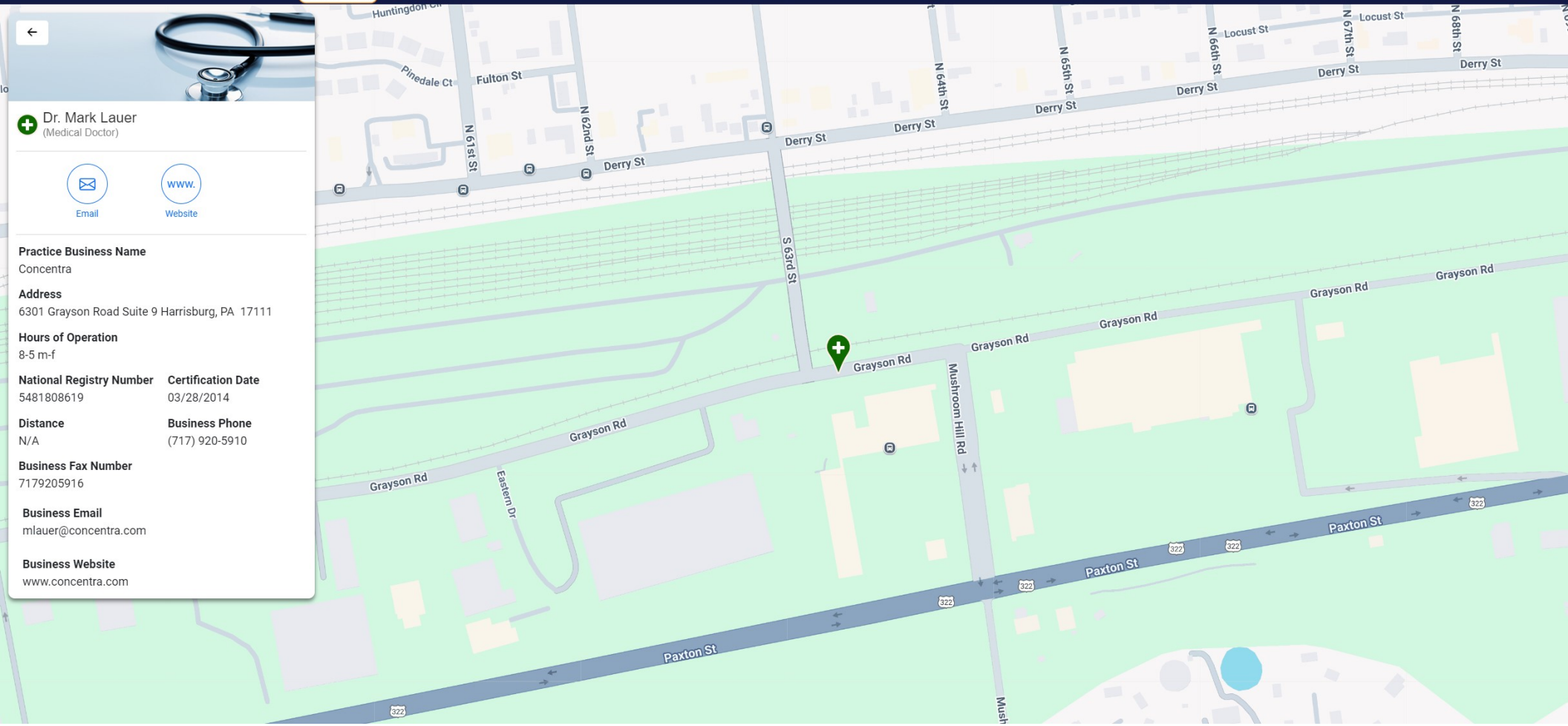

Dr. Mark Lauer
(Medical Doctor)

Email Website

Practice Business Name
Concentra

Address
6301 Grayson Road Suite 9 Harrisburg, PA 17111

Hours of Operation
8-5 m-f

National Registry Number
5481808619

Certification Date
03/28/2014

Distance
N/A

Business Phone
(717) 920-5910

Business Fax Number
7179205916

Business Email
mlauer@concentra.com

Business Website
www.concentra.com