

Form MCSA-5876 2008 Rev. 11-10-2008 Expiration Date 09-25-2025

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(a) Commercial Driver License (CDL)

I certify that I have examined **Test name: Jefferson** **State name: Oregon** in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 393.41, 393.42) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) ☒ find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): ☐ Driving within an exempt intracity zone (49 CFR 393.42 if Federal)

☐ Wearing hearing aid ☐ Accompanied by a Self Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 393.42 if Federal

☐ Grandfathered from State requirements (local)

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 Signature *Timothy Picketts* **Medical Examiner's Telephone Number** (205) 876-2667 **Date Certificate Signed** 09/25/2023

Medical Examiner's Name (please print or type) Timothy Picketts, MD ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify):

Medical Examiner's State License, Certificate, or Registration Number 13398 **Issuing State** Alabama **National Registry Number** 365096690

Driver's Signature *Jefferson* **Driver's License Number** 42365806 **Issuing State/Province** Texas

Driver's Address Street Address: 2736 Barkley Springs City: San Antonio State/Province: TX Zip Code: 78245 **CDL/CDL Applicant/Holder** ☒ Yes ☐ No

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Rev. 03/20/23



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