Form MCSA-5876

Public Burden Statement

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)* Shakhtur *(first name)* Maher in accordance with *(please check only one)*:

- (•) the Federal Motor Carrier Safety Regulations 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 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 (specify type): _____
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (Federal)
- [ ] Qualified by operation of (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: 08/29/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Mark Ringle

Medical Examiner's Name *(please print or type)*: Ringle, Mark

Medical Examiner's Telephone Number: (937)746-8795

Date Certificate Signed: 08/29/2023

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

Medical Examiner's State License, Certificate, or Registration Number: 35.053187

Issuing State: OH

National Registry Number: 2627436511

CMV DRIVER INFORMATION

Driver's Signature: MS

Driver's License Number: S236541602690

Issuing State/Province: FL

CLP/CDL: (•) Yes ( ) No

Driver's Address:
Street Address: 8615 NW 8 TH STREET Apt 219 City: Miami State/Province: FL Zip Code: 33126

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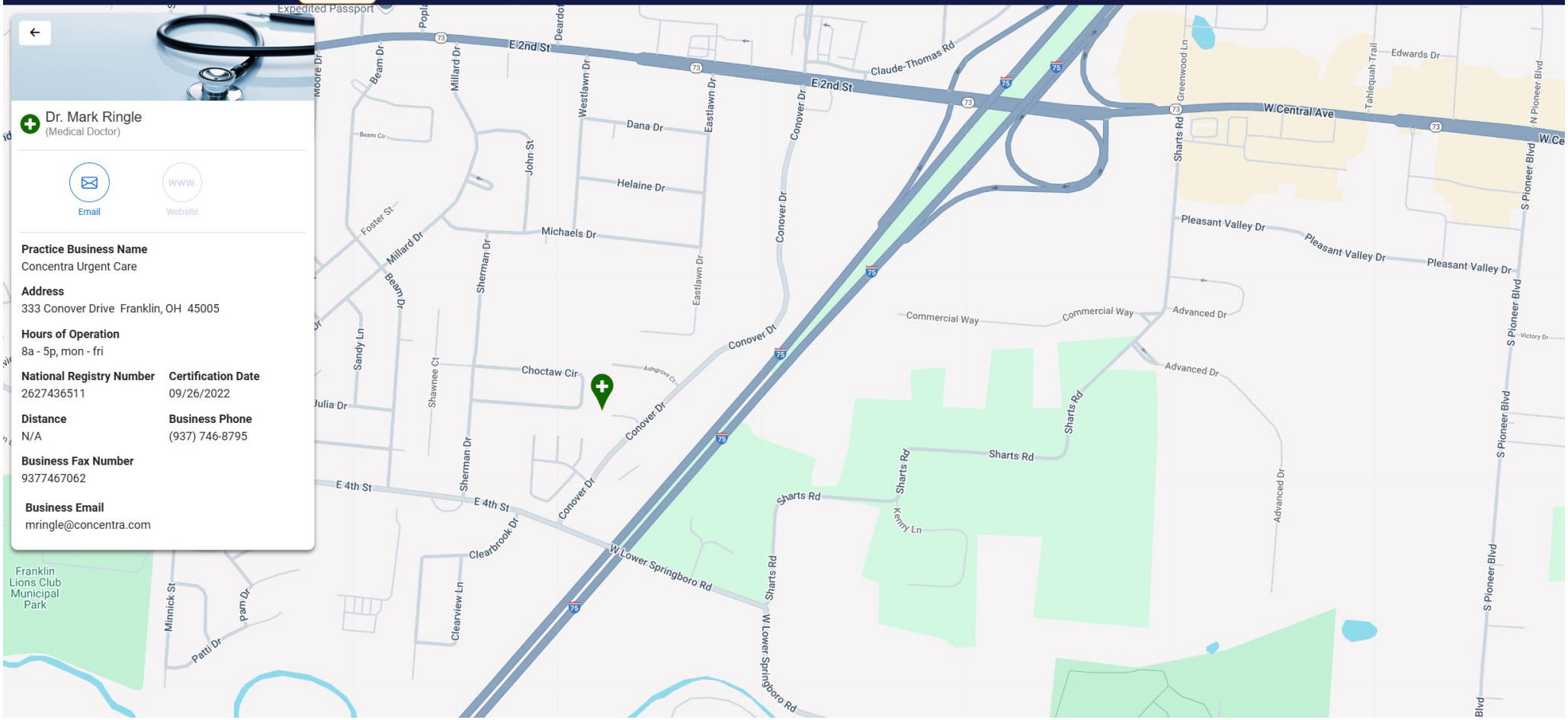

Dr. Mark Ringle
(Medical Doctor)

Email Website

Practice Business Name
Concentra Urgent Care

Address
333 Conover Drive Franklin, OH 45005

Hours of Operation
8a - 5p, mon - fri

National Registry Number
2627436511

Certification Date
09/26/2022

Distance
N/A

Business Phone
(937) 746-8795

Business Fax Number
9377467062

Business Email
mringle@concentra.com