NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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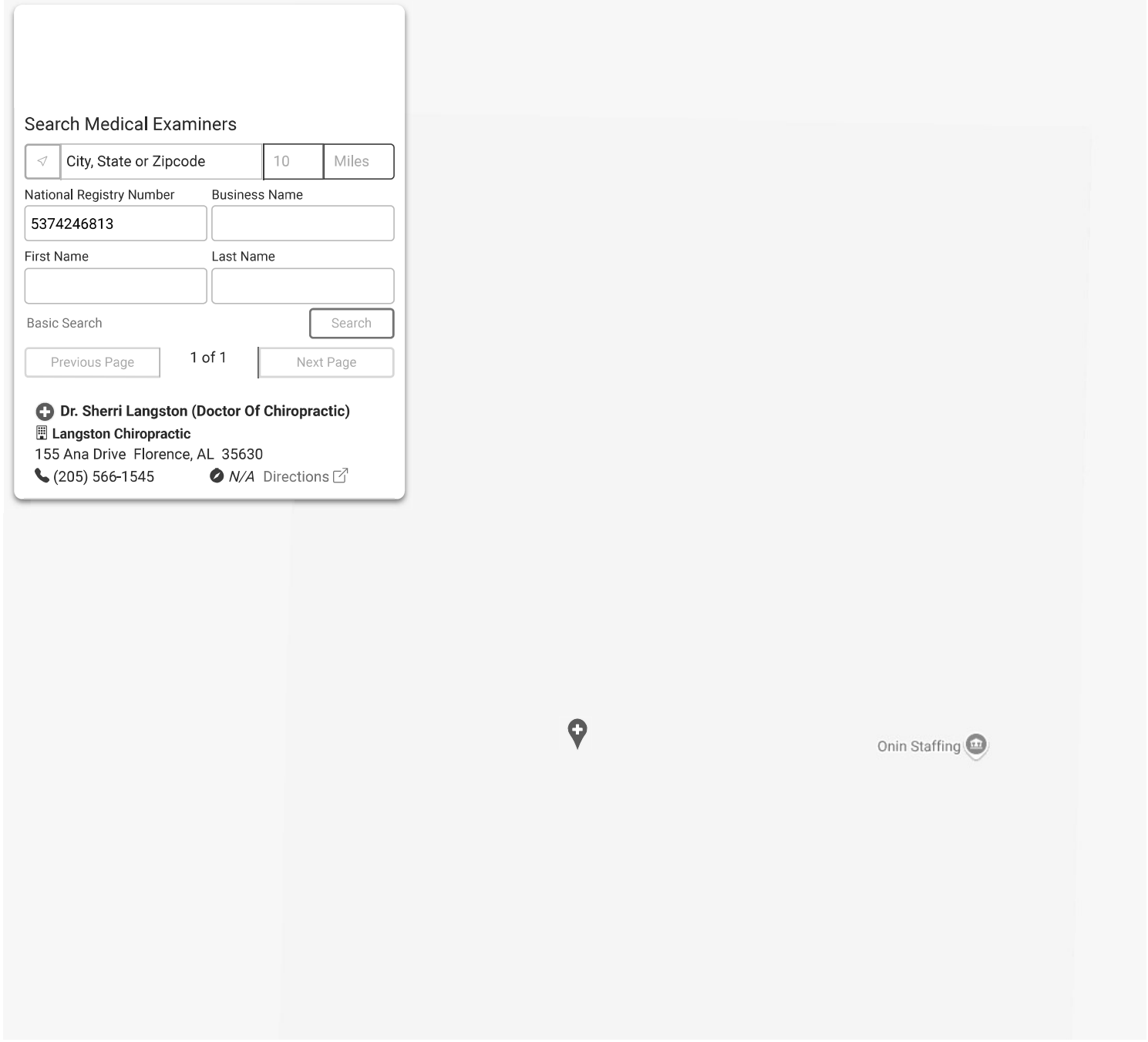
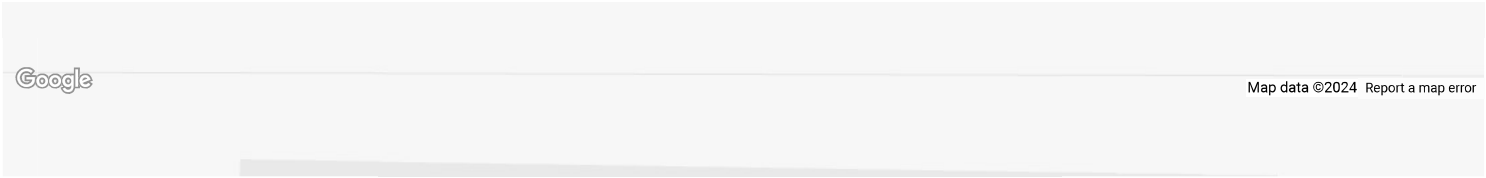
**Dr. Sherri Langston (Doctor Of Chiropractic)**
**Langston Chiropractic**
155 Ana Drive Florence, AL 35630
(205) 566-1545 *N/A* Directions

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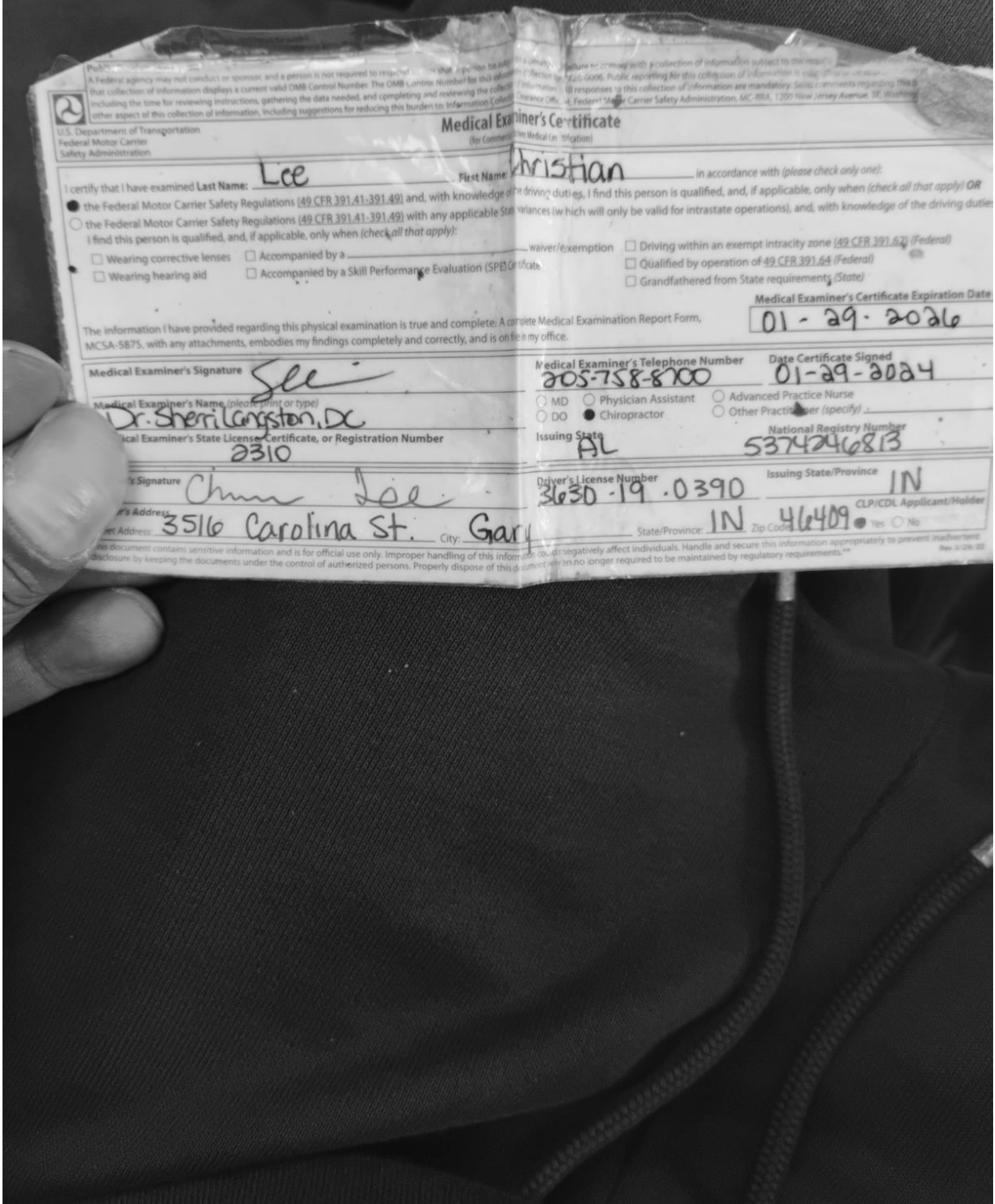

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

# Medical Examiner's Certificate

(for Commercial Motor Vehicle Medical Certification)

I certify that I have examined **Last Name:** Lee **First Name:** Christian 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 ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
☐ Grandfathered from State requirements *(State)*

**Medical Examiner's Certificate Expiration Date** 01-29-2026

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** Sle

**Medical Examiner's Telephone Number** 205-758-8700 **Date Certificate Signed** 01-29-2024

**Medical Examiner's Name** *(please print or type)* Dr. Sherri Langston, DC

( ) MD (●) Chiropractor ( ) Physician Assistant ( ) Advanced Practice Nurse ( ) Other Practitioner *(specify)*

**Medical Examiner's State License, Certificate, or Registration Number** 2310 **Issuing State** AL **National Registry Number** 5374246813

**Driver's Signature** Christian Lee **Driver's License Number** 3630-19-0390 **Issuing State/Province** IN

**Driver's Address** *(number and street)* 3516 Carolina St. City: Gary State/Province: IN Zip Code: 46409 **CLP/CDL Applicant/Holder** (●) Yes ( ) No

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Rev. 3/29/22