Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 03/31/2025

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:** Aberdeen **First Name:** Jerel 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 [☐] 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
08/17/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number
(770)424-7125

Date Certificate Signed
08/17/2024

Medical Examiner's Name *(please print or type)*
Vanstrum, Marnie

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

Medical Examiner's State License, Certificate, or Registration Number
88296

Issuing State
GA

National Registry Number
4981396824

Driver's Signature

Driver's License Number
055193829

Issuing State/Province
GA

Driver's Address

Street Address: 5111 Ray Ct City: Powder Springs State/Province: GA Zip Code: 30127-

CLP/CDL Applicant/Holder
(•) Yes ( ) No

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City, State or Zipcode | 10 | Miles

National Registry Number: 4981396824

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First Name:

Last Name:

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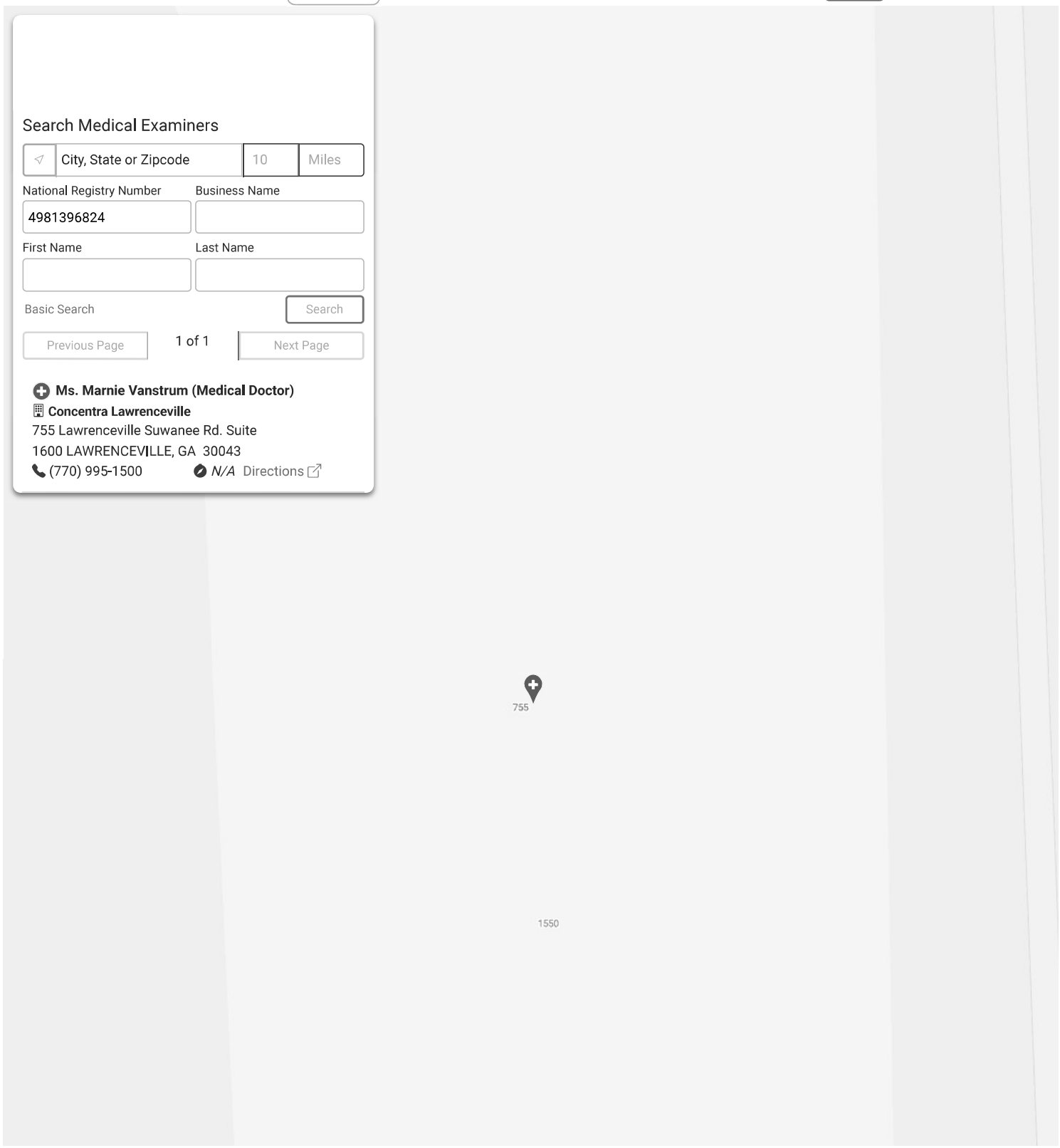
Ms. Marnie Vanstrum (Medical Doctor)

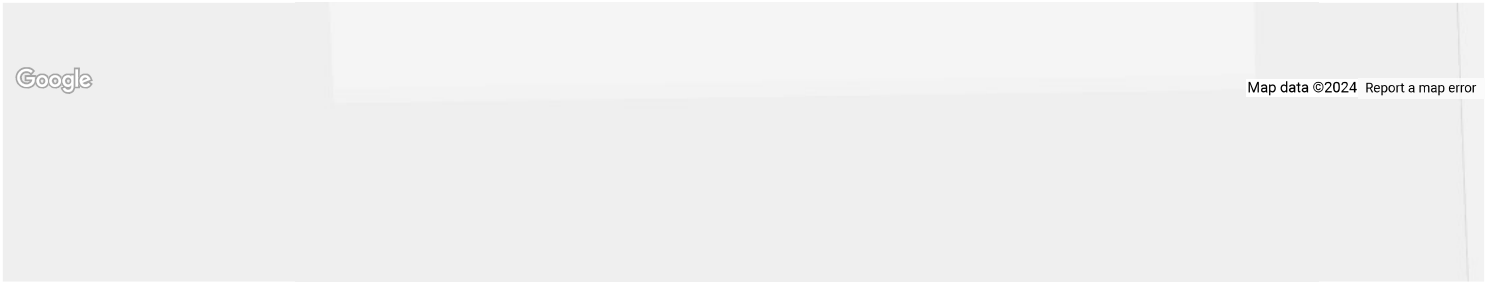
Concentra Lawrenceville

755 Lawrenceville Suwanee Rd. Suite

1600 LAWRENCEVILLE, GA 30043

(770) 995-1500 *N/A* Directions

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