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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: PopeFirst Name: Joshua

in accordance with (please check only

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) 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 391.41-391.45) 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.

☐ 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

05/10/2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Schreiber, Michael D

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

54743-21

Medical Examiner's Telephone Number

(608)244-1213

Date Certificate Signed

05/10/2024

☐ MD☐ Physician Assistant☐ Advanced Practice Nurse☒ DO☐ Chiropractor☐ Other Practitioner (specify)

Issuing State

WI

National Registry Number

9793050292

Driver's Signature

Driver's Address

Street Address: 1115 N Windsor ave

City: Cottage grove

State/Province: WI

Zip Code: 53527

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Dr. Michael Schreiber**  
(Doctor Of Osteopathy)



Email



Website

**Practice Business Name**

Nova Medical Centers

**Address**

1619 N Stoughton Rd Madison, WI 53704

**Hours of Operation**

8:30am-6pm

**National Registry Number**

9793050292

**Certification Date**

06/10/2014

**Distance**

N/A

**Business Phone**

(608) 298-5128

**Business Fax Number**

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**Business Website**

www.n-o-v-a.com

