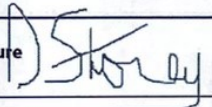


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 U.S. Department of Transportation Federal Motor Carrier Safety Administration	Medical Examiner's Certificate (for Commercial Driver Medical Certification)


I certify that I have examined Last Name: <u>CORDEIRO</u> First Name: <u>NATHAN</u> in accordance with (please check only one):	
<input checked="" type="radio"/> 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	
<input type="radio"/> 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):	
<input type="checkbox"/> Wearing corrective lenses	<input type="checkbox"/> Accompanied by a _____ waiver/exemption
<input type="checkbox"/> Wearing hearing aid	<input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate
<input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal)	
<input type="checkbox"/> 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 <u>7/16/2026</u>	

Medical Examiner's Signature 	Medical Examiner's Telephone Number <u>330-270-3660</u>	Date Certificate Signed <u>7/16/2024</u>
Medical Examiner's Name (please print or type) <u>David Storey</u>	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
	<input type="radio"/> DO <input checked="" type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number <u>DC-02273</u>	Issuing State <u>OH</u>	National Registry Number <u>2118809151</u>

Driver's Signature 	Driver's License Number <u>D2360737</u>	Issuing State/Province <u>CA</u>
Driver's Address Street Address: <u>12421 BROMONT AVE</u> City: <u>SAN FERNADO</u> State/Province: <u>CA</u> Zip Code: <u>91340</u>	CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	

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