Form MCSA-5876

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

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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:** CORDEIRO **First Name:** NATHAN 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: 7/16/2026

Medical Examiner's Signature: D Storey

Medical Examiner's Telephone Number: 330-270-3660

Date Certificate Signed: 7/16/2024

Medical Examiner's Name *(please print or type)*: David Storey

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

Medical Examiner's State License, Certificate, or Registration Number: DC-02273

Issuing State: OH

National Registry Number: 2118809151

Driver's Signature:

Driver's License Number: D2360737

Issuing State/Province: CA

Driver's Address
Street Address: 12421 BROMONT AVE City: SAN FERNADO State/Province: CA Zip Code: 91340

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

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Rev 3/1/23

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 2118809151

Business Name:

First Name:

Last Name:

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