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Form MCSA-5876 7495 Rev. 1/26/2006 Replaces Form 11/20/2005

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Medical Examiner's Certificate
(For Commercial Driver Medical Certification)

I certify that I have examined Last Name: Bratham Jr. First Name: Kenneth 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 checked at that copy: Get
☐ 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 checked at that copy:

☒ Wearing corrective lenses ☐ Accompanied by a waiver/exemption ☐ Driving within an exempt intrastate zone (49 CFR 391.61) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.61 (Federal)
☐ 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 Signature: Jay McLaughlin Medical Examiner's Telephone Number: 826-822-3101 Date Certificate Signed: 9/27/22

Medical Examiner's Name (please print or type): Jay McLaughlin ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify):
 Medical Examiner's State License, Certificate, or Registration Number: AP06140/LA Issuing State: LA National Registry Number: ☒ 5315684139

Driver's Signature: [Signature] Driver's License Number: 006751530 Issuing State/Province: Louisiana
 Driver's Address: 27676 Fekete Road City: Hammond State/Province: LA Zip Code: 70439 ☒ Yes ☐ No
 Street Address: 27676 Fekete Road City: Hammond State/Province: LA Zip Code: 70439 ☒ Yes ☐ No

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 **Mr. Jay McGregor**
(Nurse Practitioner)

 Email

 Website

Practice Business Name
Greensburg Walk in Clinic

Address
6763 Highway 10 Greensburg, LA 70441

Hours of Operation
mon-thurs 8:00-4:00, fri 8:00-12:00

National Registry Number
5315684139

Certification Date
02/03/2015

Distance
N/A

Business Phone
(225) 222-3401

Business Fax Number
2252220022

Business Email
clh17288@bellsouth.net



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