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**Medical Examiner's Certificate**  
 (for Commercial Driver Medical Certificate)

I certify that I have examined **Last Name:** Stevan **First Name:** Stevan **Sex:** Male **DOB:** 05/15/2022 **Medical Examiner's Certificate Expiration Date:** 05/15/2022

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  
 Wearing hearing aid  Accompanied by a Skill Performance Evaluation (SPE) Certificate  Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)  
 Grandfathered from State requirements (State)  Qualified by operation of 49 CFR 391.64 (Federal)

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**  
  
 Cori, Linda  
**Medical Examiner's State License, Certificate, or Registration Number** 501  
**Medical Examiner's Telephone Number** (402)465-0010  
**Date Certificate Signed** 11/15/2021  
 MD  Physician Assistant  Advanced Practice Nurse  
 DO  Chiropractor  Other Practitioner (Specify) \_\_\_\_\_  
**Issuing State** NE **National Registry Number** 2033337929

**Driver's Signature**  
  
**Driver's Address**  
 Street Address: 2801 w Denton rd City: Lincoln State/Province: NE Zip Code: 68523  Yes  No **CLP/CDL Applicant/holder**  
**Driver's License Number** H13167859 **Issuing State/Province** NE

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