

Public Burden Statement

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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:** COOPER **First Name:** GARY 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 Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

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.

02/04/2028

Medical Examiner's Signature
Medical Examiner's Telephone Number

304 485 1251

Date Certificate Signed

02/04/2026

Medical Examiner's Name (please print or type)

STEVEN K SIDEBOTTOM

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) _____

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

306

Issuing State

West Virginia

National Registry Number

5447793203

Driver's Signature
Driver's License Number

F043824

Issuing State/Province

West Virginia

Driver's Address

Street Address: 329 LEFT FORK RD City: ALKOL State/Province: WV Zip Code: 25501 **CLP/CDL Applicant/Holder**

Yes No

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