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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:** SALMON **First Name:** Roy 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)

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**

6/10/2021

**Medical Examiner's Signature**

[Signature]

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

Benson P Olszewski DAC

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

C0003608

**Medical Examiner's Telephone Number**

**Date Certificate Signed**

6/10/2019

- ☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

**Issuing State**

MD

**National Registry Number**

3622119266

**Driver's Signature**

[Signature]

**Driver's License Number**

S455744 067351

**Issuing State/Province**

MD

**Driver's Address**

Street Address: 9737 EUSTICE RD

City: RANNAKLESTOWN

State/Province: MD

Zip Code: 21133

**CLP/CDL Applicant/Holder**

☒ Yes ☐ No