

Public Burden Statement

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OMB No. 2126-0006 Expiration Date: 8/31/2018



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 _____ 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
01/11/2020

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

Landmore, Meghan

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

C0004509

Medical Examiner's Telephone Number

(410)247-9595

☐ MD ☒ Physician Assistant
☐ DO ☐ Chiropractor

Issuing State

MD

Date Certificate Signed

01/11/2018

☐ Advanced Practice Nurse
☐ Other Practitioner (specify) _____

National Registry Number

5137537134

Driver's Signature**Driver's Address**

Street Address: 1300 Slater Rd

City: Baltimore

Driver's License Number

D200789402526

Issuing State/Province

MD

State/Province: MD

Zip Code: 21225

CLP/CDL Applicant/Holder☒ Yes ☐ No

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