

Public Burden Statement

A Federal agency may not conduct or sponsor an information collection and a person is not required to respond to it unless it displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2138-0005. Public reporting burden for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Services, Directorate for Information Operations and Reports, Paperwork Reduction Project (2138-0005), Washington, DC 20503.

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

I certify that I have examined Last Name Parker First Name Michael 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) ☒ 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 intracity zone (49 CFR 391.62) (Federal)
☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

This information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCS-58.75, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
6-1-2018

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Rachel Edmeyer

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

10078 MN

Medical Examiner's Telephone Number

507-664-9999

Date Certificate Signed

6-1-2016☐ MD☒ Physician Assistant☐ Advanced Practice Nurse☐ DO☐ Chiropractor☐ Other Practitioner (specify) _____

Issuing State

Minnesota

National Registry Number

1707039707

Driver's Signature

Driver's Address

Street Address

Michael Parker536 S. Queen St. City: York

Driver's License Number

21638860

Issuing State/Province

PA

State/Province

PA

Zip Code

17403

CLP/CDL Applicant/Holder

☒ Yes ☐ No