



OMB No. 2126-0006 Expiration Date: 9/30/2019

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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: HILL First Name: Andre 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: 4/15/2021

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| Medical Examiner's Signature <u>Cindy Davis CRNP</u> | Medical Examiner's Telephone Number 410-453-0002 | Date Certificate Signed <u>4-12-19</u> |
| Medical Examiner's Name (please print or type) Cindy Davis CRNP | <input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____ | |
| Medical Examiner's State License, Certificate, or Registration Number R068683 | Issuing State Maryland | National Registry Number 6639984599 |

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|--|---|---|
| Driver's Signature <u>Andre Hill Jr.</u> | Driver's License Number <u>H400067589932</u> | Issuing State/Province <u>Maryland</u> |
| Driver's Address Street Address: <u>2239 Mcclerry St.</u> City: <u>Baltimore</u> State/Province: <u>MD</u> Zip Code: <u>21205</u> | CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No | |

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