

Form MCSA-5875

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

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

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

Medical Examiner's Signature

Cindy Davis CRNP

Medical Examiner's Name (please print or type)

Cindy Davis CRNP

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

RO68683

Medical Examiner's Telephone Number

410-453-0002

Date Certificate Signed

4-13-19☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State

Maryland

National Registry Number

6639984599

Driver's Signature

Andre Hill Jr.

Driver's License Number

H400067589932

Issuing State/Province

Maryland

Driver's Address

Street Address: 2239 Mcelderry St. City: BaltimoreState/Province: MDZip Code: 21225

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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