



Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2021

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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: Johnson** **First Name: Ian** 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> 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**01-27-2022**

Medical Examiner's Signature 	Medical Examiner's Telephone Number 4103793051	Date Certificate Signed 01-27-2020
Medical Examiner's Name (please print or type) Zhiping Mo	<input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
Medical Examiner's State License, Certificate, or Registration Number D0076295	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
	Issuing State MD	National Registry Number 5018812845

Driver's Signature 	Driver's License Number J525326525942	Issuing State/Province MD
Driver's Address Street Address: 3617 Howard Park Ave City: Baltimore State/Province: MD Zip Code: 21207	CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	

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