

Public Burden Statement

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Department of Transportation
Federal Motor Carrier
Safety Administrator

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

First Name: Watkins

Last Name: Ronald

In accordance with (please check one)

☒ 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) (F)

- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 1/26/20

Information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, A-5875, with any attachments embodies my findings completely and correctly and is on file in my office.

Medical Examiner's Signature: [Signature]

Medical Examiner's Telephone Number: (215) 943-9000

Date Certificate Signed: 1/26/20

Medical Examiner's Name (please print or type)

R. RUBEN ZABALETA, MD

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

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

D032583E

Issuing State

PENNSYLVANIA

National Registry Number

8390620547

Driver's Signature: [Signature]

Driver's License Number

W325744402721

Issuing State/Province

MD

Driver's Address: 229 Hammershire Road

City: Keelsterston State/Province: MD

Zip Code: 21136

CLP/CDL Applicant

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