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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: Leyva First Name: Rick 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 (49CFR 391.62) (Federal)
- ☐ wearing hearing aid ☐ accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete examination form, MCSA-5875, with any attachment embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

9/20/23

Medical Examiner's Signature

Kirra

Medical Examiner's Telephone Number

912 563 2911

Date Certificate Signed

09/20/21

Medical Examiner's Name (please print or type)

Kirra Bayer

☐ MD ☒ Physician Assistant
☐ DO ☐ Chiropractor

☐ Advanced Practice Nurse
☐ Other Practitioner (specify) _____

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

PA11526

Issuing State

TX

National Registry Number

39333091164

Driver's Signature

Rick

Driver's License Number

24365517

Issuing State/Province

TX

Driver's Address

2240 NPTD City: C.C. State/Province: TX Zip Code: 78210

CLP/CDL Applicant/Holder

☒ YES ☐ NO

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