

CA-5676

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

Medical Examiner's Certificate (for Commercial Driver Medical Certificate)

I certify that I have examined **Last Name:** Swart **First Name:** Daniel

- ☒ 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):
- ☐ Wearing corrective lenses
 - ☐ Wearing hearing aid
 - ☐ Accompanied by a waiver/exemption
 - ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt intracity zone (49 CFR 391.61 (Federal))
- ☐ 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-5675, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature
[Signature]

Medical Examiner's Name (please print or type)
Hanley, John

Medical Examiner's State License, Certificate, or Registration Number
PA2017-0016

Medical Examiner's Telephone Number
(505) 438-9402

Date Certificate Signed
12/16/2020

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

Issuing State
NM

National Registry Number
8935294741

Driver's Signature
[Signature]

Driver's License Number
D09192360

Issuing State/Province
NC

Driver's Address

Street Address: 1518 Paseo del Pueblo Norte Unit 2062 2062

City: El Prado

State/Province: NM

Zip Code: 87529-8086

CLP/CDL Applicant/Holder ☒ Yes ☐ No

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