Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Laurince **First Name:** Jean 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 for State requirements *(State)*

Medical Examiner's Certificate Expiration Date 7/22/2022

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 Signature _____ **Medical Examiner's Telephone Number** 772 468 69169 **Date Certificate Signed** 7/22/2021

Medical Examiner's Name *(please print or type)* Syed Shafeeq UR Rahman

☑ MD ○ Physician Assistant ○ Advanced Practice Nurse

○ DO ○ Chiropractor ○ Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number ME8616028 **Issuing State** FL **National Registry Number** 1616820720|

Driver's Signature _____ **Driver's License Number** L652477532410 **Issuing State/Province** FL

Driver's Address Street Address: 423 SW 6PL City: Florida city State/Province: FL Zip Code: 33034

CLP/CDL Applicant/Holder ☑ Yes ○ No

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