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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:** ABDI **First Name:** ISMAIL 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 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 Date10/24/2024**Medical Examiner's Signature****Medical Examiner's Telephone Number**614-525-0092**Date Certificate Signed**10/24/2022**Medical Examiner's Name (please print or type)**Sheila Canini☐ MD☐ Physician Assistant☒ Advanced Practice Nurse☐ DO☐ Chiropractor☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**APRN . CNP . 025910**Issuing State**OH**National Registry Number**7781595808**Driver's Signature****Driver's License Number**UN462598**Issuing State/Province**OH**Driver's Address****Street Address:** 2568 LYNDEN CASTLE PKWY APT F**City:** COLUMBUS**State/Province:** OH**Zip Code:** 43219**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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