

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0026. Public reporting burden for this collection of information is estimated to be approximately 1 burden per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC, RPA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Washington **First Name:** Rodney **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 interstate operations), and, with knowledge of the driving duties.

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

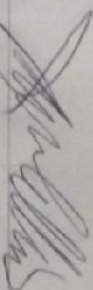
- ☐ Driving within an exempted territory zone (49 CFR 391.60 (b)(2))
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

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 Date

06/15/2022

Medical Examiner's Signature



Medical Examiner's Name (please print or type)

John M. Cellucci

Medical Examiner's Telephone Number

484-786-3502

Date Certificate Signed

06/15/2022

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

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

MD055135L

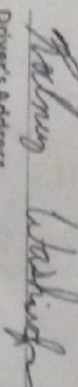
Issuing State

PA

National Registry Number

2454462752

Driver's Signature



Driver's Address

Street Address: 3353 N 5th St

City: Philadelphia

State/Province: PA

Zip Code: 19140

☒ Yes ☐ No

Driver's License Number

25 595 680

Issuing State/Province

PA

CLP/CDL Applicant/Holder