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

**MEDICAL EXAMINER'S CERTIFICATE**  
(For Commercial Driver Medical Certification)**CMV DRIVER CERTIFICATION**

I certify that I have examined (last name) Leyton (first name) Yelson 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 (specify type): \_\_\_\_\_ ☐ 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 Date

06/23/2025

**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

DEREK JM PARKES

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

7499532-1202

Medical Examiner's Telephone Number

801.972.2332

Date Certificate Signed

06/23/2023

☐ M.D. ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

ISSUED TO

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National Registry Number

☒ 8335907287

**CMV DRIVER INFORMATION**

Driver's Signature

Driver's License Number

000046506984

Issuing State/Province

North Carolina

Driver's Address

Street Address: 8210 Ainsworth St

City: Charlotte

State/Province: NC

Zip Code: 28216

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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