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Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(To be used for medical certificates)

In accordance with please check only one:

- I certify that I have examined Waylon Last Name: Kerry First Name: Kerry and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when checked all that apply: ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.61, 391.63) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when checked all that apply: ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.61, 391.63) with any applicable State variances (which will only be valid for interstate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when checked all that apply:

- ☐ Wearing corrective lenses ☐ Accompanied by a waiver/exception ☐ Driving within an exempt intrastate zone (49 CFR 391.62) Federal
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.61 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 Certificate Expiration Date

8/13/2022

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Verna, Samit

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

52113-20

Medical Examiner's Telephone Number

062760-9336

Date Certificate Signed

07/13/2022

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

Issuing State

WI

National Registry Number

684009525

Driver's License Number

WA35099213307

Issuing State/Province

WI

CLPICK: Applicant's

Yes ☐ No ☐

Driver's Signature

Driver's Address

Street Address: 4994 W. Medford

City: MILWAUKEE

State/Province: WI

Zip Code: 53218

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