Medical Examiner's Certificate

(for commercial motor vehicle operators)

Verify that I have examined Last Name: **Henry** First Name: **Alfatair** 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 any findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: **07/12/2025**

Medical Examiner's Signature

Medical Examiner's Telephone Number: **(443)642-7765**

Date Certification Issued: **07/12/2023**

Medical Examiner's Name (printed or typed): **Dr. Eddie Jung**

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ● Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: **S03937**

Issuing State: **MD**

National Registry Number: **1612342890**

Driver's Signature

Driver's License Number: **H-560-045-488-159**

Issuing State/Province: **MD**

Driver's Address: **6394 SmithySquare Apt C Glen Burnie MD 21061**

CLP/CDL Applicant/Holder ● Yes ○ No