Public Burden Statement

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OMB No. 2126-0006 Expiration Date: 11/30/2012

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:** Dodson **First Name:** Samuel in accordance with *(please check only one)*:

- [X] 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- [ ] 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: 6/14/2022

Medical Examiner's Signature: W. Hatley MD

Medical Examiner's Telephone Number: (214) 467-8210

Date Certificate Signed: 6/14/2021

Medical Examiner's Name *(please print or type)*: Warren Hatley

- [X] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: H0433TX

Issuing State: TX

National Registry Number: 7853541407

Driver's Signature: [signature]

Driver's License Number: 05050525

Issuing State/Province: TX

CLP/CDL Applicant/Holder

Driver's Address
Street Address: 1429 Pieper Rd City: New Braunfels State/Province: TX Zip Code: 78130 [X] Yes [ ] No

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