



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

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**Medical Examiner's Certificate**

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Boyd First Name: John 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 the 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 (State)
- ☐ Grandfathered from State requirements (State)

**Medical Examiner's Certificate Expiration Date**

03-03-2025

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 Signature**

Bushra Harba PA-C

**Medical Examiner's Name**

Bushra Harba, PA-C

**Medical Examiner State Lic. Certificate, or Reg. Number**

50.006782RX

**Driver's Signature**

John Boyd

**Driver's Address**

Street 1050 Pontiff Pl City Davenport

**Medical Examiner Phone Number**

440 882-6595

**Date Certificate Signed**

- ☐ MD ☒ Physician Assistant ☐ Advanced Practical Nurse
- ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

**Issuing State**

Ohio

**National Registry Number**

8962282241

**Driver's Lic. Number**

RT588890

**Issuing State/Province**

OH

**CLP/CDL Applicant/Holder****State**

FL

**Zip Code**

33896

☒ Yes ☐ No

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