

Public Burden Statement

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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) Miller (first name) David in accordance with (please check only)

- ☒ 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) *CR*
- ☐ 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): _____
- ☐ Wearing hearing aid ☐ 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)

Medical Examiner's Certificate Expiration Date

08/23/2025

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Fields Geaney, Kerne

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

APRN3317992

Medical Examiner's Telephone Number

(813)490-0099

Date Certificate Signed

08/23/2023

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

Issuing State

FL

National Registry Number

4603318678

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address: 2925 W. Arch st

City: Tampa

State/Province: FL

Zip Code: 33607

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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