Form MCSA-5876

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OMB No. 2126-0006 Expiration Date: 10/31/2024

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:** JOHNSON **First Name:** DEVARIS 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 my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date 5/11/2023

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number 813 302 7246

Date Certificate Signed 5/11/2023

Medical Examiner's Name *(please print or type)* Douglas Clearwater

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

Medical Examiner's State License, Certificate, or Registration Number CH8998

Issuing State FL

National Registry Number 7114[illegible]

Driver's Signature Devaris Johnson

Driver's License Number J425-164-93-[illegible]

Issuing State FL

Driver's Address
Street Address: 2810 N Highland Ave City: Tampa State/Province: FL Zip Code: [illegible]

CLP/CDL Applicant/Holder (●) Yes ( ) No

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