

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)

I certify that I have examined **Last Name:** SOLOMON

First Name: DARREN

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

08/24/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(239) 400-2000

08/24/2023

Medical Examiner's Name (please print or type)

Alexander Kuhn

☐ MD

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☒ Chiropractor

☐ Other Practitioner (specify) _____

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

CH10896

Issuing State

Florida

National Registry Number

9319236101

Driver's Signature

Driver's License Number

Issuing State/Province

S455-163-71-179-0

Florida

Driver's Address

Street Address: 2727 COLONIAL BLVD APT 102

City: FORT MYERS

State/Province: FL

Zip Code: 33907

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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