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:** Lovett **First Name:** Charles 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)*

☐ Detached from State requirements *(State)*

The information I have provided regarding this physical examination is complete. A completed 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
11/09/2024

Medical Examiner's Signature Kathy Monroe

Medical Examiner's Telephone Number (832) 232-1702

Date Certificate Signed 11/09/2022

Medical Examiner's Name *(please print or type)*: Kathy Monroe

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

Medical Examiner's State License, Certificate, or Registration Number: APRN9333500

Issuing State: FL

National Registry Number: 4169384668

Driver's Signature _____

Driver's License Number: L130156810580

Issuing State/Province: FL

Driver's Address

Street Address: 1212 Spanish Oak Ln. City: Plant city State/Province: FL Zip Code: 33563

CLP/CDL Applicant/Holder ● Yes ○ No