

Burden Statement

All agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) if it does not display a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)I have examined **Last Name:** McNeely **First Name:** Yusuf in accordance with (please check only one):

☐ If 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** if 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)

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Grandfathered from State requirements (State)

I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
01/01/2024**Medical Examiner's Signature**Alaina M Henson MPE**Medical Examiner's Name (please print or type)**

Alaina M Henson

Medical Examiner's Telephone Number **Date Certificate Signed**

886-389-2727

01/01/2022

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

Issuing State

IN

National Registry Number

8684450940

Driver's State License, Certificate, or Registration Number

71010423A

Signature

Alaina M Henson**Driver's License Number**

8973-76-5826

Issuing State/Province

IN

CLP/CDL Applicant/H

2624 Effingham Drive

City:

Evansville

State/Province:

IN

Zip Code: 47714

☒ Yes ☐ No

contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent disclosure of this information. Do not release this information to the public. Properly dispose of this document when no longer required to be maintained by regulatory requirements. **