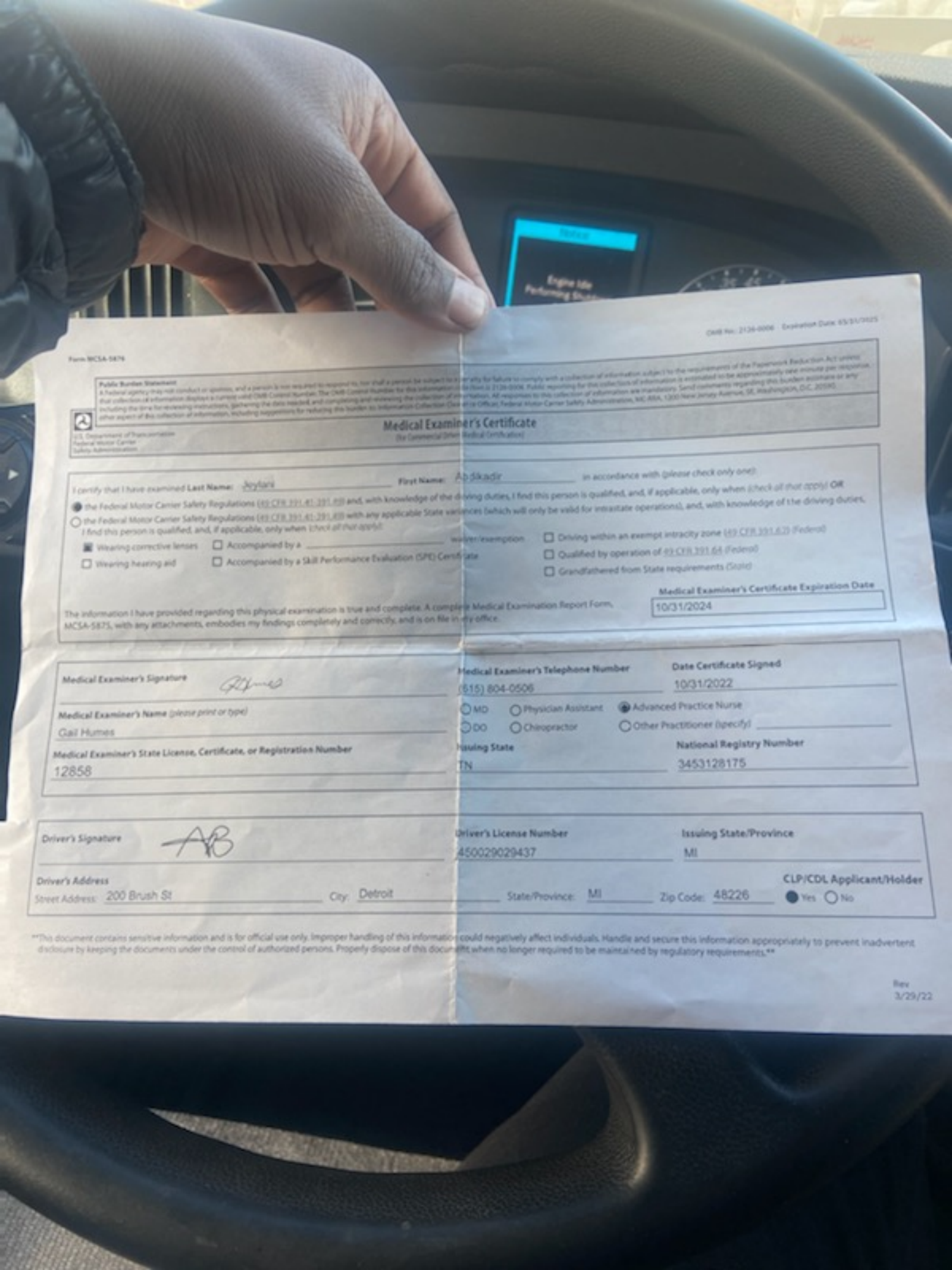

Form MCSA-5876

OMB No.: 2126-0006 · Expiration Date: 05/31/2025

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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:** Joylan's **First Name:** Abdikadir 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
☐ 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)

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: 10/31/2024

Medical Examiner's Signature: Gail Humes

Medical Examiner's Telephone Number: (615) 804-0506

Date Certificate Signed: 10/31/2022

Medical Examiner's Name *(please print or type)*: Gail Humes

○ MD ○ Physician Assistant ◉ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 12858

Issuing State: TN

National Registry Number: 3453128175

Driver's Signature: AB

Driver's License Number: 450029029437

Issuing State/Province: MI

Driver's Address
Street Address: 200 Brush St City: Detroit State/Province: MI Zip Code: 48226

CLP/CDL Applicant/Holder: ◉ Yes ○ No

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Rev 3/29/22