

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: Brown First Name: Juimel 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

12/14/2024

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 813 302 7146 Date Certificate Signed: 12/14/2024
 Medical Examiner's Name (please print or type): DOUGLAS LEARNWATER ☐ 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: 711439230

Driver's Signature: [Signature] Driver's License Number: B650-424-93-441-0 Issuing State/Province: FL
 Driver's Address: 8303 1st St NW City: Tampa State/Province: FL Zip Code: 33609 CLP/CDL Applicant/Holder: ☒ Yes ☐ No

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