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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:** Melgar **First Name:** Walter 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

October 13, 2022

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Charles Rush, DC

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

CHIRO08140

Medical Examiner's Telephone Number

(866) 235-9112

Date Certificate Signed

10/13/2020

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

Issuing State

AZ

National Registry Number

7080242461

Driver's Signature

Driver's License Number

1603295183

Issuing State/Province

NV

Driver's Address

Street: 2441 Vegas Valley Dr

City: Las Vegas

State/Province: NV

Zip Code: 89121

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Werner Phoenix AZ

DOB: 04/02/85

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