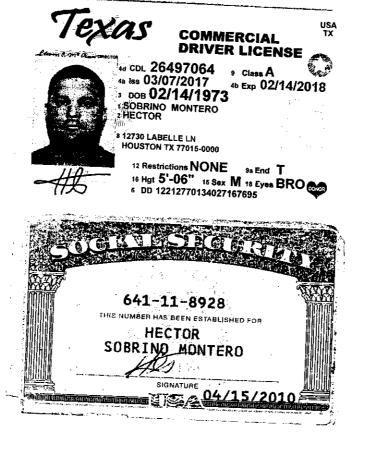
Public Burden Statement A Federal agency may not

Federal Motor Carrier Safety Admunistration	Medical Examiner's Certificate (for Commercial Dring Medical Certification)		
I certify that I have examined Last N	ame: Schol Word Texo for On accordance with white check ordy uner.		
:	egulations (20.0H.201.4F.301.40) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that applic Oil		
the Federal Motor Carrier Safety F	egulations (40 (ER 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, if applicable, only when which will that apply:		
<ul> <li>☐ Wearing corrective lenses</li> <li>☐ Wearing hearing aid</li> </ul>	☐ Accompanied by awaiver/exemption ☐ Accompanied by a Skill Performance Evaluation (SPE) Certficate ☐ Qualified by operation of 49 CFR 391 63 (technit) ☐ 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 Signature	Medical Examiner's Telephone Number 7 Date Certificate Signed 2017		
Medical Examiner's Name (please p	↑ MO Physician Assistant ↑ Advanced Practice Nurse ↑ DO ↑ Chiropractor ↑ Other Practitioner (Spyre/fy)		
Medical Examiner's State License,	PATE STORY OF THE State National Registry Number 408079 3999		
Driver's Signature	Driver's License Number (Issuing State/Province)		
1/1	Driver's License Number 7064 Issuing State/Province 1x		
Driver's Address	CLP/CDL Applicant/Holder		
Street Address 273016	OCHOLAN CRY. Houston State/Province: TX ZipCode: 770/50 Yes O No		

City: Houston State/Province: + X Zip Code: 7-70/18/es O No



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