



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Public Burden Statement

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name** **Mackell** **First Name** **William** in accordance with (please check only one):

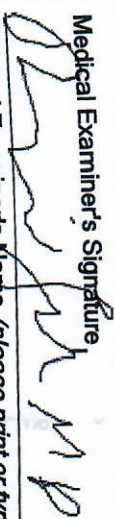
- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (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):

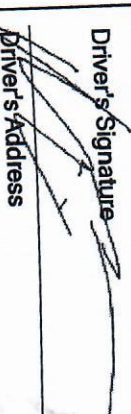
- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

12/06/2019

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 (410)687-6462 | Date Certificate Signed 09/06/2019 |
| Medical Examiner's Name (please print or type) Gill, Rashid | <input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____ | National Registry Number 7953828834 |
| Medical Examiner's State License, Certificate, or Registration Number D0017690 | Issuing State MD | |

| | | |
|---|--|---|
| Driver's Signature  | Driver's License Number M240887367577 | Issuing State/Province MD |
| Driver's Address Street Address: 1130 Frederick Douglas St | City: ANNAPOLIS | State/Province: MD |
| | Zip Code: 21403 | CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No |

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