



Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

certify that I have examined: Last Name: Watkins First Name: Robert in accordance with (please check only one):

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

☐ 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 391.63) Federal

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.63 Federal

☐ Grandfathered from State requirements. State: _____

The information here provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCS-5875, with any attachments embodied my findings, completely and honestly, and is on file in my office.

Medical Examiner's Certificate Expiration Date 7-1-2011

Medical Examiner's Signature Rid Fakhour, PAC
 Medical Examiner's Name (please print or type) Rid Fakhour
 Medical Examiner's State License, Certificate, or Registration Number C 00537
 Medical Examiner's Telephone Number 410670374 Date Certificate Signed 3-3-18
☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
 Issuing State MD National Registry Number 2683914987

Driver's Signature: [Signature]
 Driver's Address: 1702a Harding Ave. City: El Segundo State/Province: MD Zip Code: 20742
 Driver's License Number: W-635465-288-086 Issuing State/Province: MD
 CLP/CDL Applicant/Holder: YES ☒ NO

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