

The collection of information displayed in the Child Ombuds Number for the information contained in 7126-0000. Public reporting for collection of information is estimated to be approximately 1 hour per response, including the time for reviewing existing data sources, gathering the data needed, and completing and reviewing the collection of information. It is estimated that the collection of information are mandatory, send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to Washington Headquarters Office, Paperwork Project Management, MC 004, 1201 New York Avenue, NE, Washington, DC 20005.

Medical Examiner's Certificate
(for Commercial Driver's Medical Certification)

Please check only one):

- ☐ I find this person is qualified, and if applicable, only when (check all that apply):
- ☐ Wearing corrective lenses ☐ Accompanied by a _____ water/canoe/pump
- ☐ Missing hearing aid ☐ Accompanied by a Small Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt inshore zone (49 C.F.R. 321.62) (Federal)
- ☐ Qualified by operator on 49 C.F.R. 321.65 (Federal)

1970-1971

Date Certificate Signed

☐ Advanced Practice Nurse

0000403607

Section 6: Data Analysis

disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements. **