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Medical Examiner's Certificate

For Federal Use Only (Continued)

- I certify that I have examined Michael McGrath Smith In accordance with (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 interstate 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 Still Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt territory zone (49 CFR 391.62) (Federal)
- ☐ 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, MCA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date 12/07/2019

Medical Examiner's Signature Michael McGrath

Medical Examiner's Telephone Number (410) 242-9595

Date Certificate Signed 09/07/2019

Medical Examiner's Name (please print or type) Michael McGrath

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number 1416716377

Issuing State MD

National Registry Number 1416716377

COO-04023

Driver's Signature Michael McGrath

Driver's License Number M263380271164

Issuing State/Province MD

Driver's Address 1721 Emerson Ave

City, State/Province MD

Zip Code 21801-3222 ☒ Yes ☐ No

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Examine