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

## MEDICAL EXAMINER'S CERTIFICATE (for Commercial Driver Medical Certification)

### CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Greene (first name) Harold in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) 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 391.41-391.45) 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 ☐ Accompanied by a waiver/exemption (specify type): ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

05/16/2025

### MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Chikere, Henrietta

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

P164872

Medical Examiner's Telephone Number Date Certificate Signed

(301)499-4655 05/16/2023

- ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State National Registry Number

MD 6481910649

### CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address: 2552 Fieldstone Way

City: Hyattsville

State/Province: MD

Zip Code: 20785- ☒ Yes ☐ No

Driver's License Number

10273874812

Issuing State/Province

MD

CLP/CDL

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