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

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

I certify that I have examined **Last Name: Whitaker First Name: Charles** 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 ☐ 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.

Medical Examiner's Certificate Expiration Date
10/7/23

Medical Examiner's Signature 

Medical Examiner's Telephone Number 410.687.6462

Date Certificate Signed 10/7/21

Medical Examiner's Name (please print or type) Darpan Parekh PA-C

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number C0004581

Issuing State Maryland - MD

National Registry Number 3579628267

Driver's Signature 

Driver's License Number W-326-115-085-893

Issuing State/Province MD

Driver's Address 6647 Dalton Drive

Street Address: 6647 Dalton Drive **City:** Balt. **State/Province:** MD **Zip Code:** 21207

CLP/CDL Applicant/Holder Yes ☒ No ☐

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