

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Humphrey Mwelwa in accordance with 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:

- | | |
|--|--|
| <input checked="" type="checkbox"/> wearing corrective lenses | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> wearing hearing aid | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate |
| <input type="checkbox"/> accompanied by a _____ waiver/exemption | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>June Marella-Luce, D.C., CME</i>		TELEPHONE (866) 235-9112		DATE 07/20/2015	
MEDICAL EXAMINER'S NAME (PRINT) June Marella-Luce		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant		<input checked="" type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner	
MEDICAL EXAMINER'S LICENSE / ISSUING STATE 08102 GA		National Registry No. 8398319992			
SIGNATURE OF DRIVER <i>Humphrey Mwelwa</i>		IntraState Only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CDL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE M400319013080	STATE MD
ADDRESS OF DRIVER 2 Queensbridge Ct Cockeysville, MD 21030					
MEDICAL CERTIFICATE EXPIRATION DATE 07/20/2017					

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