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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:** Worthington **First Name:** Kenton 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  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate  
☐ Driving within an exempt intracity 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, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

03/05/2018

Medical Examiner's Signature <u>[Signature]</u>	Medical Examiner's Telephone Number <u>4102479595</u>	Date Certificate Signed <u>3/5/16</u>
Medical Examiner's Name (please print or type) <u>Zippin, Mo, MD</u>	<input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	National Registry Number <u>5018812845</u>
Medical Examiner's State License, Certificate, or Registration Number <u>D 0076295</u>	Issuing State <u>MD</u>	

Driver's Signature <u>[Signature]</u>	Driver's License Number <u>W-635248-086</u>	Issuing State/Province <u>MD</u>
Driver's Address <u>172a Hubinger Jr.</u>	City <u>Edgewood</u>	State/Province <u>MD</u>
Street Address:	Zip Code <u>2010</u>	CLP/CDL Applicant/Holder <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No