

Public Burden Statement

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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:** RHODES **First Name:** ERIC 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 in my office.

Medical Examiner's Certificate Expiration Date
07/28/2024

Medical Examiner's Signature [Signature] **Medical Examiner's Telephone Number** 410.247.9595 **Date Certificate Signed** 7/28/23

Medical Examiner's Name (please print or type)
Kathleen Wrona, PA-C

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State Maryland - MD **National Registry Number** 8317684192

Medical Examiner's State License, Certificate, or Registration Number
C0004083

Driver's Signature Eric Rhodes **Driver's License Number** 644154 **Issuing State/Province** NC

Driver's Address 3920 Fairview Av. **State/Province:** MD **Zip Code:** 21216 **CLP/CDL Applicant/Holder** ☒ Yes ☐ No

City: Baltimore