

Medical Examiner's Certificate

Section 1: Driver Information

First Name: DARREN

Last Name: SOLOMON

Driver's License Number: CH 10896

State/Province: FL

City: FORT MYERS

Street Address: 2727 COLONIAL BLVD APT 102

Zip Code: 33907

Medical Examiner's Signature: [Signature]

Medical Examiner's Title: Medical Examiner

Medical Examiner's License Number: 9319239101

Medical Examiner's License Expiration Date: 08/24/2024

Section 2: Examination Results

Visual Acuity:

☒ 20/20 or better

☐ 20/30 or better

☐ 20/40 or better

☐ 20/50 or better

☐ 20/60 or better

☐ 20/70 or better

☐ 20/80 or better

☐ 20/90 or better

☐ 20/100 or better

☐ Other: None

Distance Hearing:

☒ 20/20 or better

☐ 20/30 or better

☐ 20/40 or better

☐ 20/50 or better

☐ 20/60 or better

☐ 20/70 or better

☐ 20/80 or better

☐ 20/90 or better

☐ 20/100 or better

☐ Other: None

Field Vision:

☒ 70 degrees or better

☐ 60 degrees or better

☐ 50 degrees or better

☐ 40 degrees or better

☐ 30 degrees or better

☐ 20 degrees or better

☐ 10 degrees or better

☐ Other: None

Balance:

☒ 10 seconds or better

☐ 8 seconds or better

☐ 6 seconds or better

☐ 4 seconds or better

☐ 2 seconds or better

☐ Other: None

Reaction Time:

☒ 0.25 seconds or better

☐ 0.30 seconds or better

☐ 0.35 seconds or better

☐ 0.40 seconds or better

☐ 0.45 seconds or better

☐ 0.50 seconds or better

☐ Other: None

Medical Examiner's Signature: [Signature]

Medical Examiner's Title: Medical Examiner

Medical Examiner's License Number: 9319239101

Medical Examiner's License Expiration Date: 08/24/2024

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-3875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Signature: [Signature]

Medical Examiner's Title: Medical Examiner

Medical Examiner's License Number: 9319239101

Medical Examiner's License Expiration Date: 08/24/2024

Medical Examiner's Signature: [Signature]

Medical Examiner's Telephone Number: (339) 406-2000

Date Certificate Signed: 08/21/2023

Medical Examiner's Name (if different from above): Alexander Kilian

Medical Examiner's License Number: 9319239101

Medical Examiner's License Expiration Date: 08/24/2024

Medical Examiner's Signature: [Signature]

Medical Examiner's Telephone Number: (339) 406-2000

Date Certificate Signed: 08/21/2023

Driver's Signature: [Signature]

Driver's License Number: S435163-11-179-0

Issuing State/Province: Florida

Street Address: 2727 COLONIAL BLVD APT 102

City: FORT MYERS

State/Province: FL

Zip Code: 33907

CDL/CDL Applicant: Yes

*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals, families and secure this information appropriately to prevent further disclosure by keeping the documents under the control of authorized persons. Improper disposal of this document when no longer required to be maintained by regulatory requirements.

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