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

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

I certify that I have examined Last Name: Gerth First Name: Eric in accordance with (please check only one):
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.61-391.69) 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 391.61-391.69) 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 intra-city 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)

Medical Examiner's Certificate Expiration Date

12/6/2023

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 Signature [Signature] Medical Examiner's Telephone Number (801) 975-7799 Date Certificate Signed 12/6/2021
Medical Examiner's Name (please print or type) Corey Ames
☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number 196184-4405 Issuing State UT National Registry Number 3869415802

Driver's Signature [Signature] Driver's License Number AAA0000113339 Issuing State/Province MT CLP/CDL Applicant/Holder
Driver's Address 11 Ridgewood Dr City Kalispell State/Province MT Zip Code 59901 ☒ Yes ☐ No
Street Address

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United States Department of Transportation

FMCSA

NATIONAL
REGISTRY
OF CERTIFIED
MEDICAL EXAMINERS

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←

+ Corey Ames

(Advanced Practice Registered Nurse)

Email

Website

Practice Business Name

Rocky Mountain Care Clinic

Address

4088 W 1820 S SLC, UT 84104

Hours of Operation

-

National Registry Number

3869415802

Certification Date

11/10/2020

Distance

N/A

Business Phone

(801) 975-7799

Business Fax Number

-

Business Email

alan@rmcareclinic.com

Business Website

rmcareclinic.com

Google

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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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https://nationalregistry.fmcsa.dot.gov/search-medical-examiners?as=true&range=10&nm=3869415802

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