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Privacy Notice
This Privacy Notice describes how we collect, use, and disclose information about you. We are committed to protecting your privacy and ensuring that your information is handled in a secure and responsible manner. This notice applies to all personal information collected by us, whether online or offline.

Information We Collect
We collect information about you in several ways, including when you create an account, use our services, or interact with our website. The information we collect includes:

- Personal information (e.g., name, email address, phone number)
- Account information (e.g., username, password)
- Usage data (e.g., IP address, browser type, device information)
- Location data (e.g., GPS data from mobile devices)
- Financial information (e.g., payment details, transaction history)
- Communication data (e.g., email correspondence, chat logs)
- Social media information (e.g., profile data, friend lists)
- Cookies and tracking technologies

How We Use Your Information
We use the information we collect for various purposes, including:

- To provide and improve our services
- To personalize your experience
- To send you promotional emails and newsletters
- To analyze usage trends and performance
- To contact you for customer support
- To comply with legal obligations

Sharing Your Information
We may share your information with third parties in certain circumstances, including:

- Service providers who assist us in operating our business
- Marketing partners who help us promote our products
- Legal authorities when required by law
- In the event of a business acquisition or merger

Security of Your Information
We implement robust security measures to protect your information from unauthorized access, disclosure, or alteration. These measures include encryption, secure storage, and regular security audits.

Your Rights
You have several rights regarding your personal information, including:

- The right to access your information
- The right to correct or update your information
- The right to delete your information
- The right to opt-out of marketing communications
- The right to port your data to another service

Changes to This Notice
We may update this Privacy Notice from time to time to reflect changes in our practices or legal requirements. We will notify you of any significant changes via email or on our website.

Contact Us
If you have any questions or concerns about this Privacy Notice, please contact us at privacy@company.com or call us at 1-800-555-1234.

Consent
By using our services, you agree to the terms of this Privacy Notice. If you do not agree, please do not use our services.

Effective Date
This Privacy Notice is effective as of [Date].

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

CMV DRIVER CERTIFICATION _____ In accordance with (please check any one):
(last name) Shaktur (first name) Maher _____
_____ (check one, if applicable, only when (check all that apply))

I certify that I have examined (last name) Shakhtur (first name) Maher and, if applicable, only when checked all that apply: ☐ OR
☐ I am a licensed driver. I find this person is qualified, and, if applicable, only when checked all that apply: ☐ OR
☐ I am a licensed driver. I find this person is qualified, and, if applicable, only when checked all that apply: ☐

- ☐ The Federal Motor Carrier Safety Regulations (FMCSRs) 393.21(a)(2), (3), and (4), with knowledge in the driving area, and
- ☐ The Federal Motor Carrier Safety Regulations (FMCSRs) 393.21(a)(2), (3), and (4) with any applicable State laws (which will only be valid for residents (operating in the State) or person is qualified, and, if applicable, only when (check all that apply):
- ☐ Wearing corrective lenses ☐ Accompanied by a witness/exemption (specify type)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Operating within an exempt interstate zone (____/____/____) (Federal)
- ☐ Qualified by operation of (____/____/____) (Federal)
- ☐ Grandfathered from State requirements (State)
- _____
Name of Examiner's Certificate Issuance

Indicate if Examiner's Certificate Expiration Date:

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 INFORMATION

Medical Examiner's Signature _____

Name (please print or type)

Stungun, Mark

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

35,053,187

Medical Examiner's Telephone Number _____ Date Certificate Signed _____

(937) 746-8795

☐ MD ☐ Physician Assistant
☐ DO ☐ Chiropractor

Issuing State
On _____

Date Certificate Signed: _____

04/29/2021

○ **Advanced Practice Nurse**

National Registry Number

24023478059

CMV DRIVER INFORMATION

Driver's Signature _____

Driver's Address:

Street Address: 8615 NW 8 TH STREET Apt 219

City Miami

Driver's License Number

0000-0001-1922-6900

Issuing DataProve

FL

CLP/CDA

State/Province: FL

700

Zip Code: 33126 ☒ Yes ☐ No

154

Driver's Address: 8615 NW 8TH STREET Apt 219 City: Miami State: FL

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