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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:** Augustin **First Name:** Claudy 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
4/29/2026

Medical Examiner's Signature <u>Sherocko Gatling James FNP-BC</u>	Medical Examiner's Telephone Number <u>770-335-2434</u>	Date Certificate Signed <u>4/29/2024</u>
Medical Examiner's Name (please print or type) <u>Sherocko Gatling James FNP-BC</u>	<input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number <u>RN189854</u>	Issuing State <u>Georgia</u>	National Registry Number <input checked="" type="checkbox"/> <u>5618578230</u>

Driver's Signature <u>[Signature]</u>	Driver's License Number <u>A223-100-81-164-1</u>	Issuing State/Province <u>Florida</u>
Driver's Address Street Address: <u>18621 NW 11th FL</u> City: <u>Miami</u> State/Province: <u>FL</u> Zip Code: <u>33169</u>	CLP/CDL Applicant/Holder <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**FMCSA**

Federal Motor Carrier Safety Administration

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+ Mrs. SHEROCKO GATLING-JAMES
(Nurse Practitioner)



Email



Website

Practice Business Name
DOT MEDICAL EXAMS 4 U PLUS

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Hours of Operation
mon-fri 9:00am pm-4:00 pm weekends (sat) 1:00 pm -4:00 pm

National Registry Number **Certification Date**
5618578230 04/06/2021

Distance **Business Phone**
N/A (770) 335-2434

Business Fax Number
8037232903

Business Email
dotmedicaexam4u@gmail.com

Business Website
dotmedicaexams.plus

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