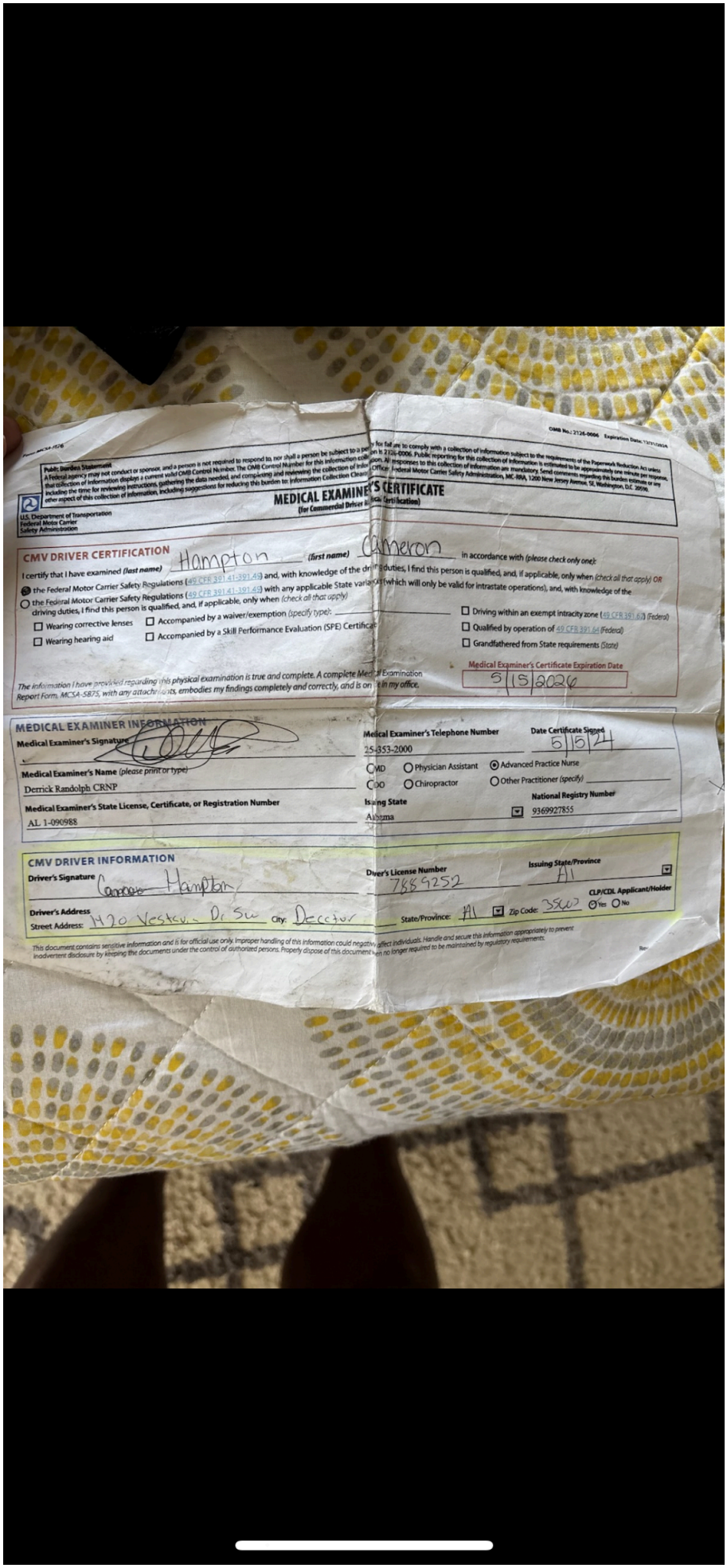

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver [illegible] Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Hampton (first name) Cameron in accordance with (please check only one):

- ● the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the dri[illegible] 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 (specify type): _____
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ 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: 5/15/2026

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]
Medical Examiner's Name (please print or type): Derrick Randolph CRNP
Medical Examiner's State License, Certificate, or Registration Number: AL 1-090988
Medical Examiner's Telephone Number: 25-353-2000
Date Certificate Signed: 5/5/24

○ MD ○ Physician Assistant ● Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Issuing State: Alabama
National Registry Number: 9369927855

CMV DRIVER INFORMATION

Driver's Signature: Cameron Hampton
Driver's License Number: 7889252
Issuing State/Province: AL
CLP/CDL Applicant/Holder: ● Yes ○ No
Driver's Address Street Address: 1420 Vestavia Dr Sw City: Decatur State/Province: AL Zip Code: 35603

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

←

Mr. Derrick Randolph
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
Decatur MedSurg

Address
2828 hyw 31 s decatur, AL 35603

Hours of Operation
-

National Registry Number
9369927855

Certification Date
07/06/2016

Distance
N/A

Business Phone
(256) 353-2000

Business Fax Number
-