

OMB No. 2126-0066 Expiration Date: 10/31/2024

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

MEDICAL EXAMINER'S CERTIFICATE
(For Commercial Driver's License)

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 391.41-391.43) and, with knowledge of the driver's 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 391.41-391.43) with any applicable State variations (which will only be valid for intrastate operations), and, with knowledge of the driver's 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 391.63) (Federal)
☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 5/15/2026

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: [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: 253-553-2000
Date Certificate Signed: 5/15/24
☐ 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: 785 9252
Issuing State/Province: AL
Driver's Address: 1720 Vestavia Dr SW City: Decatur State/Province: AL Zip Code: 35607
CLP/CDL Applicant/Holder: ☒ Yes ☐ No

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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 Certification Date

9369927855

07/06/2016

Distance

N/A

Business Phone

(256) 353-2000

Business Fax Number

-



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