MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Titus Gray

In accordance with 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:

- ☐ Driving within an exempt intracity zone (49 CFR 391.62)
- ☐ Wearing corrective lenses
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Qualified by operation of 49 CFR 391.64

This information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Amanda Easley APRN, FNP _____
Medical Examiner's Name (Print) Signature of Medical Examiner

☐ MD ☐ DO ☒ PA ☐ Chiropractor ☒ Advanced Practice Nurse ☐ Other Practitioner

Health Remede Family Walk-In Clinic

8742 Goodwood Blvd., Baton Rouge, LA 70806 • Ph# 225-231-7070 • Fax# 225-231-7069
3235 Perkins Rd., Baton Rouge, LA 70808 • Ph# 225-387-3030 • Fax# 225-387-4521
13466 Vera McGowan Rd., Walker, LA 70785 • Ph# 225-380-1720 • Fax# 225-380-1719

2-15-2024 / 2-15-2026
Date / Certification Expiration Date

AP08686 / LA / 1423976946
Med. Examiner's License or Cert. No. / Issuing State / National Registry No.

Intrastate Only: ☐ YES ☒ NO CDL: ☒ YES ☐ NO

60789182 / LA
Driver's License No. / State

750 Parlange DR
Address of Driver

Titus Gray
Signature of Driver

Mrs. Amanda Easley
(Advanced Practice Registered Nurse)

Email Website

Practice Business Name
HEALTHremede

Address
8742 Goodwood Blvd Baton Rouge, LA 70806

Hours of Operation
-

National Registry Number
1423976946

Certification Date
04/09/2016

Distance
N/A

Business Phone
(225) 231-7070

Business Fax Number
2252317069

Business Email
bradfrick@healthremede.com