

Medical Examiner's Certificate
(By Completion of this Medical Examination)

I certify that I have examined Last Name: Johnson, Sr. First Name: Rasean in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-43) 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 391.41-43) 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*:

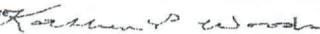
- ☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.63) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.63 (Federal)
☐ Grandfathered from 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

06/01/2024

Medical Examiner's Signature



Medical Examiner's Telephone Number

(859) 444-6700

Date Certificate Signed

06/01/2023

Medical Examiner's Name (please print or type)

Kathy Woods

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

KY

National Registry Number

3748932485

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

3007363

Driver's Signature



Driver's License Number

QHTE921253

Issuing State/Province

OH

Driver's Address

Street Address: 1947 Evangeline Dr

City: Miamisburg

State/Province: OH

Zip Code: 45342

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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