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certify that I have examined Last	Name: Johnson, Sr.	First Name:	Rasean	in accordance	e with (please check only one):
O the Federal Motor Carrier Safety		with any applicable State v			nd, if applicable, only when wherk all that apply? OR operations), and, with knowledge of the driving duties,
Wearing corrective lenses	Accompanied by a		waiver/exemption	Driving within an e	xempt intracity zone (4% SFR 3%) 62) (Federal)
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				Grandfathered from	n State requirements (State)
	garding this physical examination is embodies my findings completely a			nation Report Form.	Medical Examiner's Certificate Expiration Data 06/01/2024
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Federal Motor Carrier Safety Administration

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