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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined **(last name)** Johnson **(first name)** Evol in accordance with *(please check only one)*:
☒ 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 *(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 ☐ 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)*
☐ Grandfathered from State requirements *(State)* ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*

Medical Examiner's Certificate Expiration Date

04/05/2024

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

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name *(please print or type)*

(727)231-0154

04/05/2023

Futchko, Shane

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

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

Issuing State

National Registry Number

PA9104471

FL 2880004749

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

Issuing State/Province

J525212722560

FL

Driver's Address

CLP/CDL

Street Address: 6725 16th place north 7272959250

City: St Petersburg

State/Province: FL

Zip Code: 33710- ☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration



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Shane Futchko
(Physician Assistant)

Email

Website

Practice Business Name

Concentra

Address

3745 33rd St N, Ste A Saint Petersburg, FL 33713

Hours of Operation

-

National Registry Number

2880004749

Certification Date

09/28/2013

Distance

N/A

Business Phone

(727) 231-0154

Business Fax Number

-

Business Email

sfutchko@concentra.com

Business Website

www.concentra.com

Google

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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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