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OMB No.: 2126-0006 Expiration Date: 03/31

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)* Audate *(first name)* Michelet 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 lenses
☐ Wearing hearing aid
☐ Accompanied by a waiver/exemption (*specify type*):
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
☐ Qualified by operation of 49 CFR 391.64 *(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: 08/18/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (305)770-4500

Date Certificate Signed: 08/18/2022

Medical Examiner's Name *(please print or type)*: Gordon, Andrew

(●) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)*

Medical Examiner's State License, Certificate, or Registration Number: ME122670

Issuing State: FL

National Registry Number: 4995784791

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: 000041140634

Issuing State/Province: NC

Driver's Address

Street Address: 8158725000 City: 810 cherry Laurel Dr Apt301 State/Province: NC Zip Code: 28134

CLP/CDL: (●) Yes ( ) No

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←

Dr. Andrew Gordon
(Medical Doctor)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

National Registry Number	Certification Date
4995784791	06/09/2015