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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Holton **First Name:** Frederick 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 ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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

03/06/2025

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

Sasha Spicer

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

APRN 11018559

Medical Examiner's Telephone Number

(850) 623-0133

Date Certificate Signed

03/06/2023

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

Issuing State

Florida

National Registry Number

1490871439

Driver's Signature
Driver's License Number

H435252852630

Issuing State/Province

Florida

Driver's Address

Street Address: 9091 Airway Drive Apt 911

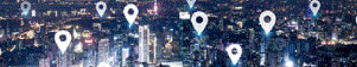
City: Pensacola

State/Province: FL

Zip Code: 32514

CLP/CDL Applicant/Holder☒ Yes ☐ No

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Search Medical Examiners

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Miles

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Last Name


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 **Mrs. Sasha Spicer (Advanced Practice Registered Nurse)**

 **CVS Minute Clinic**

6501 Caroline Street Clinic 4449 Milton, FL 32570

 (850) 623-0133

 N/A

[Directions](#) 