



**HUMAN PERFORMANCE FACTORS GROUP CHAIRMAN'S
FACTUAL REPORT**

Human Performance Attachment 12 - Medical Certificate for MTA Bus Driver

Baltimore, Maryland

HWY17MH007

(2 pages)

678

see HCSA-0208 Revised 12/01/2018

OMB No. 2130-0008 Expiration Date 8/31/2018

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Medical Examiner's Certificate
 (The Commercial Driver Medical Certificate)

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

I certify that I have examined Last Name: Baker First Name: Ebonice in accordance with please check only one:

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.60) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check off first apply) **Q18**

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.60) 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 off that apply):

Wearing corrective lenses Accompanied by a _____ w/valid/assess/ptn Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)

Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.66 (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 simulates my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 5/17/18

Medical Examiner's Signature: [Signature] PAC Date Certificate Signed: 5/17/16

Medical Examiner's Name (print name or type): Jennifer Aponte

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: MD National Registry Number: 3131844468

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

Driver's Signature: [Signature] Issuing State/Province: Maryland

Driver's Address: _____ State/Province: MD Zip Code: 21206 Yes No

Street Address: Timoro