



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

**Human Performance Attachment 2 - Medical Certificate for School Bus Driver**

**Baltimore, Maryland**

**HWY17MH007**

(2 pages)

**Public Burden Statement**

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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: Chappell, Elizabeth First Name: \_\_\_\_\_ 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
- 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  
6/20/2017

Medical Examiner's Signature

[Redacted Signature]

Medical Examiner's Telephone Number

[Redacted Telephone Number]

Date Certificate Signed

6/20/2016

Medical Examiner's Name (please print or type)

Jarrett Wise, PA-C

- MD
- Physician Assistant
- Advanced Practice Nurse
- DO
- Chiropractor
- Other Practitioner (specify) \_\_\_\_\_

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

[Redacted License Number]

Issuing State

MD

National Registry Number

5427926492

Driver's Signature

[Redacted Signature]

Driver's License Number

[Redacted License Number]

Issuing State/Province

Maryland

Driver's Address

Street Address:

[Redacted Street Address]

City:

Baito

State/Province:

md

Zip Code:

21239

CLP/CDL Applicant/Holder

Yes  No