



**Motor Carrier Attachment 47:  
Vehicle 6 Driver's Medical Certificate**

**Cranbury, NJ; 06/07/2014  
HWY14MH012**

(2 pages)

CONCENTRA Medical Centers  
**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined [redacted] in accordance with FMCSR 49 CFR 391.41-391.49 and with knowledge of the driving district, I find this person is qualified; and, if applicable, only when:

- Wearing Corrective Lenses
- Wearing Hearing Aid
- Accompanied by a waiver/exemption
- Driving within an exempt intensity zone (49 CFR 391.62)
- Accompanied by a Skill Performance Evaluation Certificate
- Qualified by operation of 49 CFR 391.64

The information I have provided on this form is true and complete. A complete exam form with any attachment embodying my findings completely and correctly records the information.

SIGNATURE OF MEDICAL EXAMINER: <u>[redacted]</u>		TELEPHONE NO. <u>[redacted]</u>	DATE <u>11 21 13</u>
MEDICAL EXAMINER'S NO. <u>[redacted]</u>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Physician's Assistant		
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE <u>MD 3705 1 PA</u>			
SIGNATURE OF DRIVER <u>[redacted]</u>		DRIVER'S LICENSE NO. <u>[redacted]</u>	STATE <u>PA</u>
DRIVER'S ADDRESS (Street, City, State, Zip Code) <u>[redacted]</u>		MED. CERT. EXPIRATION DATE <u>11 21 15</u>	

NOTE: Driver MUST carry 5 copy of this certificate when operating a commercial motor vehicle in accordance with 49 CFR 391.41 (g)

CENTROCARD

HH: offices leave asst-

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