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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:** Cockrell **First Name:** Cleophus 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  
☐ Wearing hearing aid ☐ 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**

01/17/2021

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

Gray, Gary

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

R5110

**Medical Examiner's Telephone Number**

(314)385-9563

**Date Certificate Signed**

01/17/2019

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

**Issuing State**

MO

**National Registry Number**

6680437490

**Driver's Signature**
**Driver's License Number**

m208220019

**Issuing State/Province**

MO

**Driver's Address**

Street Address: 4451 Forest Ave

City: SAINT LOUIS

State/Province: MO

Zip Code: 63108

**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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