MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Leroy Harris in accordance with 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:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
Kyle Buss, PA-C	303 534-9550	7/20/09

MEDICAL EXAMINER'S NAME (PRINT)	
Kyle Buss, PA-C	☐ MD ☐ DO ☐ Chiropractor ☒ Physician Assistant ☐ Advanced Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE
1585 - CO

SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
Leroy Harris Jr	[redacted]	CO

ADDRESS OF DRIVER
[redacted]

MEDICAL CERTIFICATE EXPIRATION DATE
7-20-11

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER