


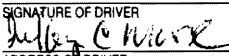
**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined Jeff Morse  
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 qualified; and, if applicable, only when:

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

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.

(FOID HERE)

SIGNATURE OF MEDICAL EXAMINER <b>MAQSD DEAN, MS, PA-C</b>		TELEPHONE <b>7553210</b>	DATE <b>10-26-12</b>
MEDICAL EXAMINER'S NAME (Print) <b>PA16072 (License)</b> <b>MD0878643 (DEA)</b>		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input checked="" type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATION NO./ISSUING STATE 			
SIGNATURE OF DRIVER 		DRIVER LICENSE NO. <b>45157855</b>	STATE <b>MD</b>
ADDRESS OF DRIVER <b>1840 Hammonden Sweetsale Rd #8</b> <b>MD 21051</b>			
DRIVER'S MEDICAL CERTIFICATE EXPIRATION DATE			<b>10-26-12</b>