

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: Smith First Name: Jason 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 ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.63 (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

2/26/25

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Jonathan E. Reitzenstein

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

4301102168

Medical Examiner's Telephone Number

616-323-3999

Date Certificate Signed

2/26/23

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

MI

National Registry Number

1227200450

Driver's Signature

Driver's Address:

Street Address: 3216 Lea meadow Dr City: Sachse State/Province: TX Zip Code: 75046

Driver's License Number

45-750823

Issuing State/Province

TX

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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