

## 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: Collins-Craighead** **First Name: Christopher** 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 391.64 (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

3-5-23

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Brian G Ingram PA-C

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

5601002700

Medical Examiner's Telephone Number

586.296.2800

Date Certificate Signed

3-5-21

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

Issuing State

Michigan - MI

National Registry Number

8923037171

Driver's Signature

Driver's Address

Street Address:

42119 Toddmar KLn

City:

Clinton Twp

State/Province:

MI

Zip Code:

48038

CLP/CDL Applicant/Holder

Yes ☒ No ☐

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Medical Examiner's Name (please print or type):

Brian G Ingram PA-C