

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: Harrison First Name: Brandon in accordance with (please check only one):

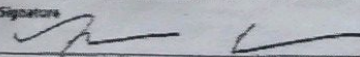
- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State 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

01-04-2023

Medical Examiner's Signature 	Medical Examiner's Telephone Number (423) 718-7430	Date Certificate Signed <u>01-04-2021</u>
Medical Examiner's Name (please print or type) Dr. Dennis Ogrodowczyk	☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse ☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number DCSS0	Issuing State Tennessee	National Registry Number 2635237345

Driver's Signature 	Driver's License Number <u>F7045732</u>	Issuing State/Province <u>CA</u>
Driver's Address Street Address: <u>766 S Magdalena Ave.</u> City: <u>San Diego</u> State/Province: <u>CA</u> Zip Code: <u>92120</u>	CLP/CDL Applicant/Holder ☒ Yes ☐ No	

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