

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)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Thioune (first name) Khadim 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a waiver/exemption (specify type): _____ | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> Grandfathered from State requirements (State) |

Medical Examiner's Certificate Expiration Date

03/22/2024

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Oran, Bruce D

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

25MB03987300

Medical Examiner's Telephone Number

(201)758-9100

Date Certificate Signed

03/22/2022

☐ MD☐ Physician Assistant☐ Advanced Practice Nurse☒ DO☐ Chiropractor☐ Other Practitioner (specify) _____

Issuing State

NJ

National Registry Number

1332566709

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address:

2010 Adam Clayton Powell Jr Blvd Apt 4a

City: New York

Driver's License Number

NY397029578

Issuing State/Province

NY

CLP/CDL

☒ Yes ☐ No

State/Province: NY Zip Code: 10027

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