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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:** Richard **First Name:** Anthony in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.42) 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 391.41-391.42) 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

05/01/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(512) 835-1955

Date Certificate Signed

05/01/2023

Medical Examiner's Name (please print or type)

Joseph Lones

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

04013

National Registry Number

1331970110

Issuing State

Texas

Driver's Signature

Driver's License Number

42353302

Issuing State/Province

Texas

Driver's Address

Street Address: 5679 Corsica Loop

City: Round Rock

State/Province: TX

Zip Code: 78665

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Dr. Joseph Lones**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**  
North Lamar Chiropractic

**Address**  
10102 North Lamar Blvd Austin, TX 78753

**Hours of Operation**  
9: 00 am - 6:00 pm

**National Registry Number**      **Certification Date**  
1331970110                      02/19/2014

**Distance**                              **Business Phone**  
N/A                                      (512) 835-1955

**Business Fax Number**  
5128354424

**Business Email**  
jlones@gmail.com

**Business Website**  
www.austinback.com

