

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: Owens First Name: Chase 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

8-14-2025

Medical Examiner's Signature

Henry R. F. M. C.

Medical Examiner's Telephone Number

806-795-7433

Date Certificate Signed

8/14/23

Medical Examiner's Name (please print or type)

P. S. E. V. G. A. Y.☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

620135

Issuing State

TX

National Registry Number

FA02251000

Driver's Signature

[Signature]

Driver's License Number

23136306

Issuing State/Province

TX

Driver's Address

518 HickoryCity: Idolow State/Province: TX Zip Code: 79339 X Yes ☒ No ☐

CLP/CDL Applicant/Holder

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Rev 3/29/22



 **Mr. Peter Sevigny**
(Nurse Practitioner)



Email



Website

Practice Business Name

OccMed Associates, LP

Address

25 Briercroft Office Park Lubbock, TX 79412

Hours of Operation

8 to 5 cst

National Registry Number

3562251600

Certification Date

08/03/2013

Distance

N/A

Business Phone

(806) 795-7433

Business Fax Number

8067957407

Business Website

www.occmedassociates.com

