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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: Foley First Name: Byron 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 ☐ 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

2/14/2025

Medical Examiner's Signature

*[Signature]*

Medical Examiner's Name (please print or type)

Kerry Harrington

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

PA01176

Medical Examiner's Telephone Number

541-817-4107

Date Certificate Signed

11/14/2024

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

Issuing State

Oregon

National Registry Number

☒ 2781009152

Driver's Signature

*[Signature]*

Driver's License Number

060590677

Issuing State/Province

GA

Driver's Address

Street Address

2013 Powers Ferry Rd SE APT D  
Maricetta

State/Province:

GA

Zip Code:


30067


CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Ms. Kerry Harrington

(Physician Assistant)



Email



www.

Website

Practice Business Name

May This Be HealthCare

Address

301 W Central Ave Sutherlin, OR 97479

Hours of Operation

m-f 8-5 with evening and weekend by appt only

National Registry Number

2781009152

Certification Date

04/26/2014

Distance

N/A

Business Phone

(541) 817-4107

Business Fax Number

8333161856

Business Email

provider@maythisbehealthcare.com

Business Website

www.maythisbehealthcare.com

