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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:** Wright **First Name:** Christopher 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**04/25/2024**Medical Examiner's Signature**Jason Bollenbaugh DC**Medical Examiner's Telephone Number**(615) 804-0506**Date Certificate Signed**04/25/2022**Medical Examiner's Name (please print or type)**Jason Bollenbaugh, DC☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_**Medical Examiner's State License, Certificate, or Registration Number**2614**Issuing State**TN**National Registry Number**8888531558**Driver's Signature**CHRIS WRIGHT**Driver's License Number**k04259315**Issuing State/Province**KS**Driver's Address**Street Address: 9109 Santa Fe LaneCity: Overland ParkState/Province: KSZip Code: 66212**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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### Search Medical Examiners

City, State or Zipcode  10 Miles

National Registry Number  Business Name

First Name  Last Name

Basic Search

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 **Dr. Jason Bollenbaugh (Doctor Of Chiropractic)**  
 **DOT Physical Nashville**  
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 (615) 924-0611  [N/A](#) [Directions](#)

