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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:** Samakaab **First Name:** Abdulrahim 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**12/09/2024**Medical Examiner's Signature****Medical Examiner's Telephone Number**(612) 706-8900**Date Certificate Signed**12/09/2022**Medical Examiner's Name** (please print or type)Jacob Bohnen☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_**Medical Examiner's State License, Certificate, or Registration Number**5580**Issuing State**MN**National Registry Number**3464148732**Driver's Signature****Driver's License Number**A541049-455-110**Issuing State/Province**MN**Driver's Address**Street Address: 5851 University Ave NE #239City: FridleyState/Province: MNZip Code: 55432**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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**Dr. Jacob Bohnen**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**

City Chiropractic

**Address**

1931 University Ave NE Minneapolis, MN 55418

**Hours of Operation**

10-6 mon-sat

**National Registry Number**

3464148732

**Certification Date**

02/04/2013

**Distance**

N/A

**Business Phone**

(612) 325-8282

**Business Fax Number**

6127062676

**Business Email**

docjake@northeastdoc.com

**Business Website**

www.northeastdoc.com

