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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:** Baskins **First Name:** Johnnie 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**12/21/2026**Medical Examiner's Signature**
**Medical Examiner's Telephone Number**(219) 926-2121**Date Certificate Signed**12/21/2024**Medical Examiner's Name (please print or type)**David Curran

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

**Medical Examiner's State License, Certificate, or Registration Number**08002666A**Issuing State**Indiana**National Registry Number**2261585301**Driver's Signature**
**Driver's License Number**242397339**Issuing State/Province**Utah**Driver's Address**Street Address: 1123 W 2150 S Apt 7City: West HavenState/Province: INZip Code: 84401**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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 **Dr. David Curran**  
(Doctor Of Chiropractic)



Email



Website

**Practice Business Name**

Duneland CDL Physicals & Drug Testing

**Address**

1501 Broadway Ste A Chesterton, IN 46304

**Hours of Operation**

call for appointment

**National Registry Number**

2261585301

**Certification Date**

03/12/2015

**Distance**

N/A

**Business Phone**

(219) 926-2121

**Business Fax Number**

2199262124

**Business Email**

cdldrugtest@gmail.com

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