

Public Burden Statement

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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:** Aaron **First Name:** Russell in accordance with (please check only

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.23) 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 391.23) 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 391.23) (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 Date02/21/2026**Medical Examiner's Signature****Medical Examiner's Telephone Number**
(713) 686-4868**Date Certificate Signed**
02/21/2024**Medical Examiner's Name (please print or type)**

Smith, Cedrick

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**

K8981

Issuing State

TX

National Registry Number

2308777320

Driver's Signature**Driver's License Number**

41796113


Issuing State/Province

TX

Driver's Address**CLP/CDL Applicant/Holder**

Street Address: 1370 Afton St City: Houston State/Province: TX Zip Code: 77055-7034 ☒ Yes ☐ No

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Dr. Cedrick Smith
(Medical Doctor)

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Practice Business Name
concentra medical centers

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Hours of Operation
8-5

National Registry Number **Certification Date**
2308777320 03/25/2014

Distance **Business Phone**
N/A (713) 686-4868

Business Fax Number
7136885127

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