

Public Burden Statement

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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: Dondle First Name: Emanuel 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
5/29/2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Crystal Frahm

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

28224324A

Medical Examiner's Telephone Number

(219) 841-8788

Date Certificate Signed

5/29/2024

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

Issuing State

IN

National Registry Number

8748860567

Driver's Signature

Driver's License Number

3900125720

Issuing State/Province

IN

Driver's Address

Street Address: 785 Juniper rd, 65


City: Valparaiso

State/Province: IN

Zip Code: 46385

CLP/CDL Applicant/Holder
☒ Yes ☐ No

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Crystal Frahm
(Nurse Practitioner)

[Email](#) [Website](#)

Practice Business Name
Midwest Express Clinic

Address
8135 Calumet Ave Munster, IN 46321

Hours of Operation
-

National Registry Number 8748860567	Certification Date 01/30/2023
Distance N/A	Business Phone (219) 513-2000
Business Fax Number 2195132001	
Business Email munster@midwestexpressclinic.com	
Business Website midwestexpressclinic.com	

