

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:** Pollock **First Name:** Gregory 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](#))
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ (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

05/18/2026

Medical Examiner's Signature**Medical Examiner's Telephone Number**

(817) 403-4868

Date Certificate Signed

05/18/2024

Medical Examiner's Name (please print or type)

Jayson Morton

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

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

13667

Issuing State

TX

National Registry Number

8769650790

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

20579151

Issuing State/Province

TX

Driver's Address

Street Address: 1809 Marlene Drive

City: Euless

State/Province: TX

Zip Code: 76040

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Dr. Jayson Morton
(Doctor Of Chiropractic)



Email



Website

Practice Business Name

Morton Medical Management, PLLC

Address

3201 Northeast Loop 820 suite 262 Fort
Worth, TX 76137

Hours of Operation

-

National Registry Number

8769650790

Certification Date

06/30/2016

Distance

N/A

Business Phone

(817) 403-4868

Business Fax Number

8177962700

Business Email

drmorton909@gmail.com

Fort Worth
Meacham
Int'l Airport

