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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:** Hussain **First Name:** Mian 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 Date02/06/2027**Medical Examiner's Signature****Medical Examiner's Telephone Number**(770) 769-5511**Date Certificate Signed**02/06/2025**Medical Examiner's Name** (please print or type)Raymond Taylor

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

Medical Examiner's State License, Certificate, or Registration Numberchir010013**Issuing State**GA**National Registry Number**4866036532**Driver's Signature****Driver's License Number**055540883**Issuing State/Province**GA**Driver's Address**

Street Address: 3910 McGuire Way NW City: Kennesaw State/Province: GA Zip Code: 30144

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Dr. Raymond Taylor (Doctor Of Chiropractic)

1 Hour DOT

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(770) 769-5511 N/A [Directions](#)