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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:** HAMDAN **First Name:** AHMAD 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 ☐ Qualified by operation of 49 CFR 391.64 (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 Date10/10/2025**Medical Examiner's Signature****Medical Examiner's Name (please print or type)**Donald Kreidler**Medical Examiner's State License, Certificate, or Registration Number**005517**Medical Examiner's Telephone Number**(314) 487-8900**Date Certificate Signed**10/10/2023

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

Issuing StateMissouri**National Registry Number**6773076286**Driver's Signature****Driver's License Number**166E282001**Issuing State/Province**Missouri**Driver's Address****Street Address:** 4610 DON RON DR**City:** SAINT LOUIS**State/Province:** MO**Zip Code:** 63123**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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**FMCSA**

Federal Motor Carrier Safety Administration

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6773076286

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**Donald Kreidler (Doctor Of Chiropractic)****Avdic Pain And Rehab**

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(314) 487-8900



N/A

[Directions](#)