

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:** Swain**First Name:** Daniel

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 Date02/04/2027**Medical Examiner's Signature**
Medical Examiner's Telephone Number719-594-0046**Date Certificate Signed**02/04/2025**Medical Examiner's Name (please print or type)**George Johnson M.D.☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**DR0050114**Issuing State**CO**National Registry Number**9463452538**Driver's Signature**
Driver's License Number941261534**Issuing State/Province**CO**Driver's Address**Street Address: 4695 portrait plCity: COLORADO SPRINGSState/Province: COZip Code: 80917**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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