



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Taylor **First Name:** Leterrence 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 391.63)
☐ 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

03/05/2027

Medical Examiner's Signature

Medical Examiner's Telephone Number

(972) 843-9494

Date Certificate Signed

03/05/2025

Medical Examiner's Name (please print or type)

Jameelah Reid

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

11012

Issuing State

TX

National Registry Number

6107778711

Driver's Signature

Driver's License Number

801212776

Issuing State/Province

MS

Driver's Address

Street Address: 428 martin street cove

City: Water Valley

State/Province: MS

Zip Code: 38965

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Dr. Jameelah Reid
(Doctor Of Chiropractic)



Email



Website

Practice Business Name
DOT Medical & Drug Testing Services

Address
1430 Regal Row 300 Dallas, TX 75247

Hours of Operation
-

National Registry Number
6107778711

Certification Date
01/11/2022

Distance
N/A

Business Phone
(469) 845-5220

Business Fax Number
-

Business Email
jameelah.reid@yahoo.com

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