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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:** Pride **First Name:** John 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 Date

03/27/2027

Medical Examiner's Signature

Medical Examiner's Telephone Number

(615) 575-8173

Date Certificate Signed

03/27/2025

Medical Examiner's Name (please print or type)

Scott Coffey

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

15007

Issuing State

Tennessee

National Registry Number

1356178656

Driver's Signature

Driver's License Number

080051280

Issuing State/Province

Tennessee

Driver's Address

Street Address: 1590 Airport Rd Apt 227

City: Gallatin

State/Province: TN

Zip Code: 37066

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Federal Motor Carrier Safety Administration



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## Practice Business Name

## Comprehensive Health & Wellness

## Address

1785 Airport Road Suite B Gallatin, TN 37066

### Hours of Operation

<b>National Registry Number</b>	<b>Certification Date</b>
1356178656	03/21/2017

<b>Distance</b>	<b>Business Phone</b>
N/A	(615) 575-8173

**Business Fax Number**  
6154680318

**Business Email**  
scott.coffey@chealthwellness.com



1789

1785 U

Airport Rd




















**Airport Rd**

Airport Rd

Airport Rd

109

1259

1771

Bulls Creek

1204