OMB No. 2126-0006 Expira

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: Hearey Jr. First Name: Clarence in accordance with (please check only one)

- [x] the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find the 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) certificate
- [ ] Driving within an exempt intracity zone (49 cfr.391.62) (Federal)
- [ ] Qualified by operation of 49 CFR 391.64 (State)
- [ ] Grandfathered from State requirements (State

Medical Examiner's Certificate Expiration Date 05-15-2027

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 Signature

Medical Examiner's Name THANH TRAN, DC

Medical Examiner Phone Number 504-362-9500

Date Certificate Signed 05-15-2025

- [ ] MD
- [x] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [ ] Advanced Practical Nurse
- [ ] Other Practitioner (specify)

Medical Examiner State Lic. Certificate, or Reg. Number 1454

Issuing State LA National Registry Number 4105774209

Driver's Signature Clarence Hearey

Driver's Lic. Number 01179157 1

Issuing State/Province LA

CLP/CDL Applicant/Holder

- [x] Yes
- [ ] No

Driver's Address

Street 1832 Second St APT B City New Orleans State LA Zip Code 70113

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Dr. Thanh Tran
(Doctor Of Chiropractic)

Email | Website

Practice Business Name
Spinecare & Rehabilitation

Address
1950 Manhattan Blvd. 107 Harvey, LA 70058

Hours of Operation
9 am-5 pm

National Registry Number
4105774209

Certification Date
12/15/2013

Distance
N/A

Business Phone
(504) 362-9500

Business Fax Number
5043629295

Business Email
spinecarerehab1@bellsouth.net