

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:** Cordero **First Name:** Nathan 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 (ifederal)

☐ 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

07/25/2024

Medical Examiner's Signature

[Signature]

Medical Examiner's Name (please print or type)

Michael C Day, DC, CME

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

DC 25559

Medical Examiner's Telephone Number

7606766872

Date Certificate Signed

07/25/2022

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

Issuing State

California

National Registry Number

☒ 39858 35830

Driver's Signature

[Signature]

Driver's License Number

02360737

Issuing State/Province

CA

Driver's Address

Street Address:

12421 Brompton Ave

City:

San Fernando

State/Province:

CA

Zip Code:

91340

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Dr. Michael Day**
(Doctor Of Chiropractic)



Email



Website

Practice Business Name
DOT Physicals CDL

Address
46155 Dillon Rd Coachella, CA 92236-20290

Hours of Operation
m-f 9am to 8pm, s 8-noon

National Registry Number **Certification Date**
3985835830 04/04/2017

Distance **Business Phone**
N/A (760) 676-6872

Business Fax Number
-

Business Email
drmday@msn.com

Business Website
www.dotphysicalscdl.com

