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	S ormation an	m Jur m Jur	Medical Examiner's Name Poleas Firin or type AICX Morgan, D. C. Medical Examiner's State License, Certificate, or Registration Number	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 Machinery Medical Examiner's Telephone Nu Medical Examiner's Signature Machinery Machinery Medical Examiner's Telephone Nu	Iterrify that I have examined Last Name: GYN First Name: JAN in accordance with (please check only one): Whe 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 oil thot opply): If 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 oil that opply): If find this person is qualified, and, if applicable, only when (check oil that opply): If waring corrective lenses: I accompanied by a Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Driving within an exempt intracity zone (49 CFR 391.62) (Foderal) Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Ouslified by operation of 49 CFR 391.64 (Foderal)	nsportation	Pable Budgen Statement A federal agency may not conduct or sponsa- and a person is not required to respond to, nor shall a person besubject to a penalty for falue to comply with a collection of information subject to the requirements of the Paperwork Re has collection of information diplays a current videl ONE Comino Number for Monte Statements (Section 512,50000, Pable: reporting) for this collection of information information information information in the Paperwork Re instruction of information diplays a current videl ONE Comino Number for the ONE Control Number for the collection of information information information in the instrument of the Paperwork Re instruction of information diplays a current videl ONE Common Number for the collection of information. The ONE Control Number for the collection of information is enabled to be approximately in instrument of the collection of information Amonte Control Number for the collection of information in the collection of information are manabore. Set comments regarding the other appect of this collection of information, Network Registration in the collection of Control Number for the Collection of Information are manabore. Set comments were set with a poper of this collection of information are manabore. Set comments are also appendix to the provide the collection of Control Number for the collection of Information are manabore. Set comments are also appendix to the requirement as information and poper of the collection of information are manabore. Set comments are also appendix to the requirement are also appendix to the requirement are also appendix to the requirement as information collection of information. Conter Set of Amone Conter Set of Amon	
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Dr. Alex Z Morgan Doctor of Chiropractic

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