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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:** Griffith **First Name:** Jon 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)

**Medical Examiner's Certificate Expiration Date**11/19/2026

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**Mark Cha**Medical Examiner's Name (please print or type)**Mark Cha**Medical Examiner's State License, Certificate, or Registration Number**209021866**Medical Examiner's Telephone Number**(708) 391-3030**Date Certificate Signed**11/19/2024☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_**Issuing State**IL**National Registry Number**9203044395**Driver's Signature**Jon B**Driver's License Number**D06130673**Issuing State/Province**IL**Driver's Address****Street Address:** 1160 e 18th ave**City:** Denver**State/Province:** IL**Zip Code:** 80218**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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