

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:** Sorokey **First Name:** Mark 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
☐ Wearing hearing aid ☐ 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 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

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.

10/06/2023

Medical Examiner's Signature

Medical Examiner's Telephone Number

518-452-2597

Date Certificate Signed

10/06/2021

Medical Examiner's Name (please print or type)

Jennifer L Augone

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

F336757

Issuing State

NY

National Registry Number

9471428404

Driver's Signature

Driver's License Number

627 541 656

Issuing State/Province

NY

Driver's Address

Street Address: 5 Catherine Court

Castleton

State/Province: NY

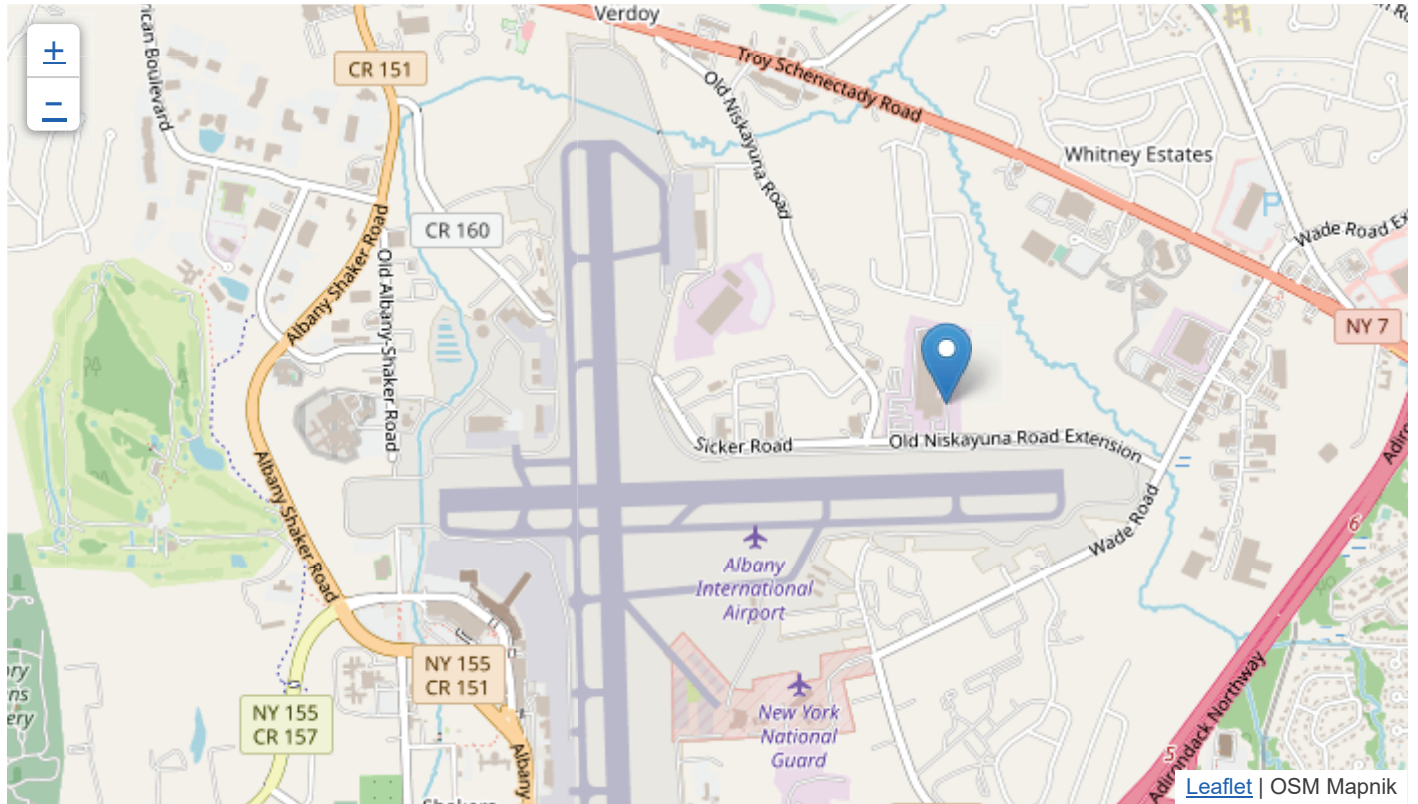
Zip Code: 12033

☒ Yes ☐ No

CLP/CDL Applicant/Holder



National Registry of Certified Medical Examiners Search



Miss Jennifer L Augone Nurse Practitioner

IMPORTANT: Please do not contact to schedule an examination. This Medical Examiner is not accepting examination requests at this time.

National Registry Number: 9471428404

Certification Date: 06/13/19

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