

Department of Transportation
Federal Motor Carrier
Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I have examined **Last Name:** HARDOTT **First Name:** THURONE in accordance with (please check only one):

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
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 (Federal)
☐ Grandfathered from State requirements (State)

Information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MC-29, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
1-17-25

Examiner's Signature <u>[Signature]</u>	Medical Examiner's Telephone Number <u>718-328-1401</u>	Date Certificate Signed <u>1-17-23</u>
Examiner's Name (please print or type) <u>Legn Hayes MD</u>	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Examiner's State License, Certificate, or Registration Number <u>4549</u>	Issuing State <u>OK</u>	National Registry Number <u>7568156498</u>

Signature <u>[Signature]</u>	Driver's License Number <u>440-1209470</u>	Issuing State/Province <u>OK</u>
Address <u>4225 W. Highway 100</u>	CLP/CDL Applicant/Holder <input type="radio"/> Yes <input type="radio"/> No	



 **Mr. Logan Hayes**
(Physician Assistant)



Email



Website

Practice Business Name

One Source Occupational Medicine

Address

1515 N. Harvard Avenue Suite B Tulsa, OK 74115

Hours of Operation

-

National Registry Number

7568156498

Certification Date

11/10/2021

Distance

N/A

Business Phone

(918) 388-1901

Business Fax Number

9183881902

Business Email

dparsons@onesourceocmed.com

Business Website

onesourceocmed.com



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