



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

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

Public Burden Statement
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I certify that I have examined **Last Name:** Baisden

First Name: Steve

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 (Federal)
☐ 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

11/28/2023

Medical Examiner's Signature

Medical Examiner's Telephone Number

(912) 429-5966

Date Certificate Signed

11/28/2022

Medical Examiner's Name (please print or type)

Robert Kalensky

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

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

5062

Issuing State

GA

National Registry Number

7011791492

Driver's Signature

Driver's License Number

123990285

Issuing State/Province

NM

Driver's Address

Street Address: 393 Road 6100 Spc 7

City: Kirtland

State/Province: NM

Zip Code: 87417

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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