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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: Fredericks 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 391.63, Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.63 (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

07/17/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(479) 876-5500

Date Certificate Signed

07/17/2023

Medical Examiner's Name (please print or type)

Phillip Corbin☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

1722

Issuing State

AR

National Registry Number

9472237468

Driver's Signature

Driver's License Number

D06337329

Issuing State/Province

AZ

Driver's Address

Street Address: 5014 Windfall CTCity: Baton RougeState/Province: LAZip Code: 70812

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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National Registry Number  Business Name

First Name  Last Name

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