

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) Chaisson(first name) Jared

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 (specify type) _____☐ 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)

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

12/12/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

(603) 430-9675

Date Certificate Signed

12/12/2024

Medical Examiner's Name (please print or type)

Geoffrey Shreck, MD

☒ MD☐ Physician Assistant☐ Advanced Practice Nurse☐ DO☐ Chiropractor☐ Other Practitioner (specify) _____

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

12178

Issuing State

New Hampshire

National Registry Number

8833872718

Driver's Signature

Driver's License Number

NHL16794817

Issuing State/Province

New Hampshire

Driver's Address

Street Address: 567 State St Apt 1

City: Portsmouth

State/Province: NH

Zip Code: 03801

CLP/CDL Applicant/Holder

☐ Yes☒ No

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