



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

Public Burden Statement

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Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: BAUER First Name: CLAUDE 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)

Medical Examiner's Certificate Expiration Date

09/20/2026

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 Signature

Medical Examiner's Telephone Number

304 485 1251

Date Certificate Signed

09/20/2024

Medical Examiner's Name (please print or type)

STEVEN K SIDEBOTTOM

☐ MD

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☒ Chiropractor

☐ Other Practitioner (specify) _____

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

306

Issuing State

West Virginia

National Registry Number

5447793203

Driver's Signature

Driver's License Number

G021728

Issuing State/Province

West Virginia

Driver's Address

Street Address: 1386 CANOE RUN

City: LOONEYVILLE

State/Province: WV

Zip Code: 25259

CLP/CDL Applicant/Holder

☐ Yes ☒ No

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