

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:** COX **First Name:** HARRY 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
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

02/24/2026

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

[Signature]

Medical Examiner's Telephone Number

304 485 1251

Date Certificate Signed

02/24/2025

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

[Signature]

Driver's License Number

E006456

Issuing State/Province

West Virginia

Driver's Address

Street Address: 1406 HOLMES HOLLOW RD

City: CHARLESTON

State/Province:

WV

Zip Code: 25312

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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