

I certify that I have examined Last Name: [redacted] First Name: Justin 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 \_\_\_\_\_ waives/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 03/04/2019

Fred Serugge, Jr., PAC  
 Medical Examiner's Signature Occupational Medicine  
 The Doctors Clinic, Silverdale, WA  
 WA PA#: 60627709 NPI#: 1245201466  
 Medical Examiner's Name (please print) PA#60627709 NR#: 9868486243

Fred O. Seruggs  
 Medical Examiner's State License, Certificate, or Registration Number  
 PA#60627709

Medical Examiner's Telephone Number (360) 782-3300 Date Certificate Signed 03/04/2019

MD  Physician Assistant  Advanced Practice Nurse  
 DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_

Issuing State Washington National Registry Number 9868486243

Driver's Signature [redacted] Issuing State/Province WA

Driver's Address [redacted] Driver's License Number [redacted]

Street Address 4029 [redacted] City Blaine State/Province WA Zip Code 98312 O Yes  No

CLP/CDL Applicant/Holder

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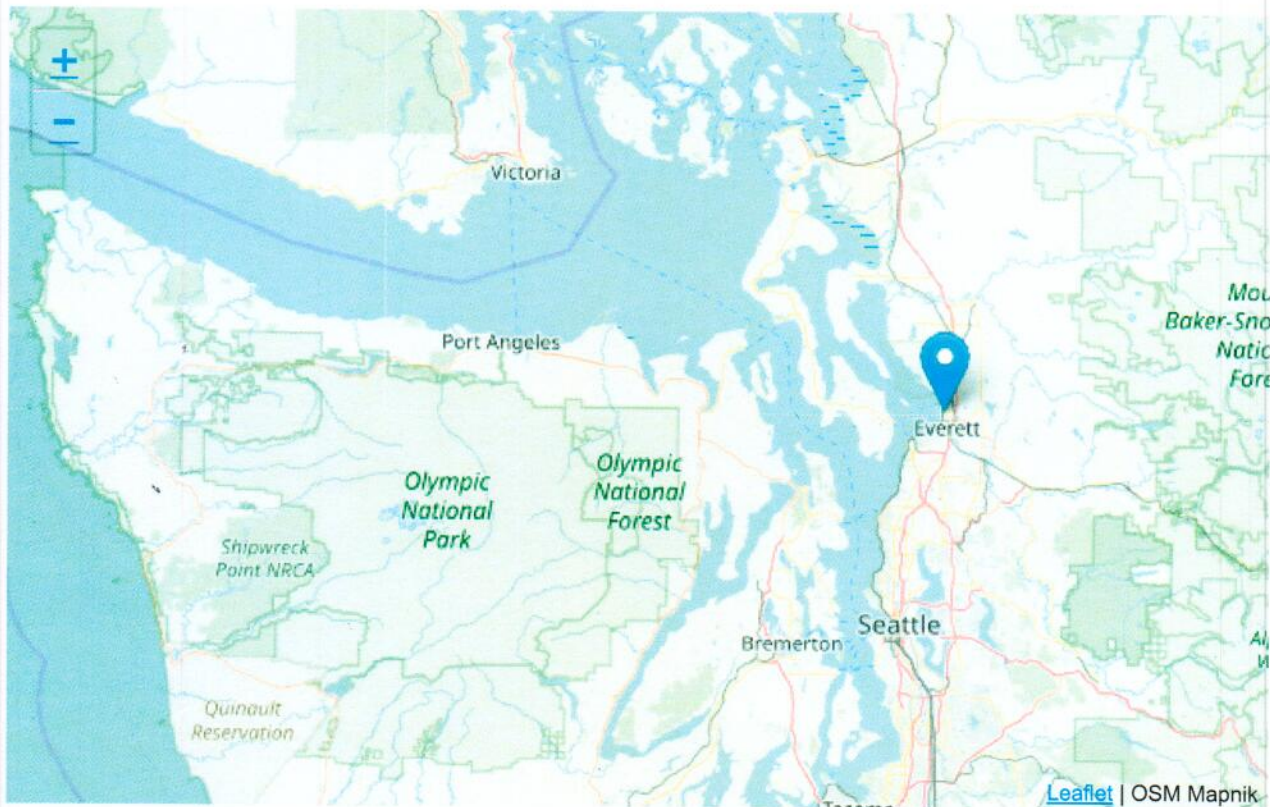
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FMCSA

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION

## National Registry of Certified Medical Examiners Search



### **Mr. Fred O Scruggs Jr. Physician Assistant**

**IMPORTANT:** Please do not contact to schedule an examination. This Medical Examiner is not accepting examination requests at this time.

**National Registry Number:** 9868486243

**Certification Date:** 03/08/16

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