



Form MCA-5876 (Revised: 12/06/2015) OMB No. 7126-0006 Expiration Date: 8/31/2018

Public Burden Statement
 This information is being collected to determine whether a collection of information is necessary for the proper performance of the functions of the Department of Transportation. If you are providing this information, please do so truthfully and accurately. The information you provide will be used to determine whether you are qualified to receive a license. The information you provide will be used to determine whether you are qualified to receive a license. The information you provide will be used to determine whether you are qualified to receive a license.

Medical Examiner's Certificate
 (for Commercial Driver Medical Certification)

I certify that I have examined **Brett Jurrives** First Name: **Brett** in accordance with license check only and:
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, find this person 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 interstate operations), and, with knowledge of the driving duties, 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 intrastate 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 Telephone Number **2087461583** **8/31/2016**
Medical Examiner's Signature **Jennifer Givrage** **8/31/2016**
Medical Examiner's Name (please print or type) **Jennifer Givrage** **2087461583** **8/31/2016**
Medical Examiner's State License, Certificate, or Registration Number **PA1175** **ID** **516435460**
Medical Examiner's National Registry Number **1D** **516435460**

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form MCA-5875, with any attachments embodies my findings completely and accurately, and is on file in my office.

Driver's Signature **Brett Jurrives** **W.A.**
Driver's License Number **JURRIBS344NK** **W.A.**
Driver's Address **1705 Swallow Nest Loop** **Clarkston WA** **99403** **Yes** **No**
Street Address: **1705 Swallow Nest Loop** **City:** **Clarkston** **State/Province:** **WA** **Zip Code:** **99403** **Yes** **No**

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8/12/16

MEDICAL EXAMINER'S CERTIFICATE

I hereby seal this examination in accordance with the Public Health Service Regulations (42 CFR 83.41-83.43) and with knowledge of the changing medical field in a patient is qualified to hold a license to practice as a physician.

- wearing corrective lenses
- wearing first eyeglasses
- accompanied by a physician
- driving within an exempt primary zone (49 CFR 391.43)
- accompanied by a State Performance Evaluation Certificate (SPE)
- qualified by a contractor of 49 CFR 391.43

The information I have provided regarding this physical examination is true and correct. A complete examination with any abnormal findings is included and complete, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER

Katherine Morken

TELEPHONE

206-746-1353

DATE

10/2/15

MEDICAL EXAMINER'S NAME (PRINT)

MD

Physician Assistant

EXPIRES L. MORKEN

DO

Advanced Registered Nurse Practitioner

MEDICAL EXAMINER'S LICENSE OR CERTIFICATION NO.

NP 812A

ISSUING STATE

Physician Assistant

Other Psychologist

NATIONAL REGISTRY NO.

342-895-9994

SIGNATURE OF DRIVER

Paul Jensen

INTRASTATE ONLY

YES

NO

CIT.

STATE

WA

DRIVER'S LICENSE NO.

JUN13344NK

ADDRESS OF DRIVER

1705 SWALLOW'S NEST LOOP CWAKESTON WA 99403

MEDICAL CERTIFICATION EXPIRATION DATE

10/2/16

ORIGINAL - DRIVER

20820 (7/13)

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MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____
in accordance with 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:

- wearing corrective lenses
- driving within an exempt hierarchy zone (49 CFR 391.62)
- wearing hearing aid
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- accompanied by a _____
- qualified by operation of 49 CFR 391.64
waiver/exemption.

The information I have provided regarding this physical examination is true and complete. A complete
examination form with any attachment encloses my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>V. Linnage DDC</i>		TELEPHONE <i>916-740-1353</i>
DATE <i>1/2/15</i>		
MEDICAL EXAMINER'S NAME (PRINT) <i>Venisek Linnage DDC</i>		<input type="checkbox"/> MD <input type="checkbox"/> Chiropractor
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. <i>PA-1175</i>		<input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse
ISSUING STATE		<input checked="" type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner
NATIONAL REGISTRY NO. <i>50143911120</i>		
SIGNATURE OF DRIVER <i>Scott Turri</i>	INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DDL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DRIVER'S LICENSE NO. <i>Turri B5344NK</i>	STATE <i>WA</i>	
ADDRESS OF DRIVER <i>1705 Swallowcrest Loop CLARESTON WA</i>		
MEDICAL CERTIFICATION EXPIRATION DATE <i>10/3/2015</i>		

ORIGINAL DRIVER 25520 (7/13)

VMC Medical Records
2315 8th Street Lewiston, ID 83501
2087461383 Fax: 2087466348

December 16, 2016
Page 2
Express Care

Brett S Jurries
Male DOB: 08/12/1966

921452-3

Home: 208-791-9394 Cell: (505) 791-9394
Ins: Blue Cross Of Idaho Grp: 10040000

Both eyes: 20/25
Color vision: Pass
Cooperation: Good
Testing performed by: Christie Margart, RN, BSN

HPI

HPI: Patient presents to clinic today for a DOT physical. The patient has a history of a back fracture in 1989 and takes chronic hydrocodone as needed in the evening hours. He denies any side effects with this medication and he does not take this medication while driving. The patient does not drive routinely he just keeps his license to be available. The patient has also had bilateral shoulder issues for which she was receiving cortisone shots he has had no surgery. He has no limitations regarding his shoulders. The patient did have a right lower leg compound fracture when he was in the military that was surgically repaired and he has no side effects from this injury. Patient does take Prilosec daily for heartburn. He states that from exposure to bad water in the military he does have esophageal lesions. These are monitored per the VA. He also has a diagnosis of iron deficiency anemia for which he is currently taking oral supplementation. He follows closely with Dr. Rice regarding this treatment. The patient denies any syncopal episodes. He did report that one time he had GI blood loss but this has been treated and has not been an issue. The patient has no complaints today. He does not use tobacco products or recreational drugs. He does use rare occasional alcohol.

HPI - DOT physical (ICD-V70.0) (ICD10-Z02.9)
Please see above

Patient History

Past Medical History: Reviewed, no changes required.
Past Surgical History: Reviewed, no changes required. leg surgery from
Family History: Reviewed, no changes required. Patient has a family hi
Social History: Reviewed, no changes required. Patient is engaged. Pa
average of 1/2 pack of cigarettes per day. Patient smoked for 16 years b
drinks occasionally. Patient consumes caffeinated beverages at the rate
employed at Naslund Desposal.

Review of Systems

General: Patient denies chills, fatigue, fevers.
Eyes: Patient denies vision loss.
Ears/Nose/Throat: Patient denies decreased hearing, dysphagia, sore throat, tinnitus.
Cardiovascular: Patient denies chest pain, dyspnea on exertion, palpitations, peripheral edema, orthopnea, syncope.
Respiratory: Patient denies cough, dyspnea, hemoptysis, wheezing
Gastrointestinal: Patient complains of heartburn. Patient denies change in bowel habits, hematemesis, hematochezia, nausea, vomiting.
Genitourinary: Patient denies dysuria.
Musculoskeletal: Patient complains of back pain. Patient denies muscle weakness, stiffness
Skin: Patient denies rash.
Neurologic: Patient denies focal neuro deficits, headaches, mentation change, paresthesias, seizures, syncope, vertigo, weakness.

unable to obtain
copy of card. This
is the report from
the physical.

VMC Medical Records
2315 8th Street Lewiston, ID 83501
2087461383 Fax: 2087466348

December 16, 2016
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Express Care

Brett S Jurries
Male DOB: 08/12/1966

921452-3

Home: 208-791-9394 Cell: (509) 791-9394
Ins: Blue Cross Of Idaho Grp: 10040000

Psychiatric: Patient denies anxiety, change in eating habits, change in sleep habits, depression.

Endocrine: Patient denies polydipsia, polyphagia, polyuria.

Physical Exam

General Appearance: Alert - well hydrated - interactive - NAD

Head: facies symmetric - no weakness

Eyes: External eye area: conjunctivae and lids normal. Pupils: equal, round, reactive to light and accommodation.

Ears: External ear area: normal, no lesions or deformities. Otitoscopic: canals clear and TMs normal. Hearing: grossly intact

Nose: External nose area: normal, no lesions or deformities. Nasal: mucosa, septum, and turbinates normal.

Oropharynx: Mouth: normal dentition, no gingival inflammation, no labial lesions. Pharynx: uninflamed, no exudate, uvula midline, and airway widely patent.

Neck: Neck exam: supple, no masses, trachea midline. Thyroid exam: no nodules, masses, tenderness, or enlargement.

Chest/Lungs: Respiratory effort: no intercostal retractions or use of accessory muscles. Auscultation: clear to auscultation bilaterally, no wheezes, rales, or rhonchi, breath sounds equal bilaterally.

Cardiovascular: Cardio palpation: no thrill or palpable murmurs, no displacement of PMI. Cardio auscultation: S1S2, regular rate and rhythm, no murmur, rub, or gallop. Carotid arteries: symmetric, no bruits. Abdominal aorta: no enlargement or bruits. Femoral arteries: pulses symmetric, no bruits. Pedal pulse: pulses normal and symmetric. Peripheral circulation: no cyanosis, edema, or varicosities.

Abdomen: soft, non-tender, no masses, bowel sounds normal. Liver and spleen: no enlargement or nodularity. Hernia: no hernias noted.

Skin: Skin inspection: no rashes, lesions, or ulcerations on exposed skin. Skin palpation: no subcutaneous nodules or induration.

Neuro: Cranial nerves: II - XII grossly intact. Reflexes: 2+, symmetric, no pathological reflexes. Sensation: grossly normal all four extremities.

Lymph Nodes: Cervical nodes: no cervical adenopathy. Axillary nodes: no axillary adenopathy. Inguinal nodes: no inguinal adenopathy.

Musculoskeletal: Gait and station: normal. Digits and nails: no clubbing, cyanosis, petechiae, or nodes. Head and neck: normal alignment and mobility, neck supple with no meningeal findings. normal alignment and mobility, no deformity. RUE: normal ROM and strength, no joint enlargement or tenderness. LUE: normal ROM and strength, no joint enlargement or tenderness. RLE: normal ROM and strength, no joint enlargement or tenderness. LLE: normal ROM and strength, no joint enlargement or tenderness.

Mental Status Exam

Judgment, insight: intact

Orientation: oriented to time, place, and person

Memory: intact for recent and remote events

Mood and affect: no depression, anxiety, or agitation

Lumbar Back Exam

Inspection:

Asymmetry: No

Pelvic asymmetry/tilt: No

ROM

Lumbar flexion: not limited

Lumbar extension: not limited

Rotation: not limited

VMC Medical Records
2315 8th Street Lewiston, ID 83501
2087461383 Fax 2087466348

December 16, 2016
Page 1
Express Care

Brett S Jurries
Male DOB: 08/12/1966

921452-3

Home: 208-791-9394 Cell: (509) 791-9394
Ins: Blue Cross Of Idaho Grp. 10040000

10/03/2014 - Express Care: Rm 8 DOT px
Provider: Jennifer Ann-Marie Grinage PA-C
Location of Care: VMC Express Care

Vital Signs

Person(s) with patient: unaccompanied
Height: 71 in.
Weight: 241 lbs.
BMI: 33.73
Pulse rate: 104
Rhythm: Regular
BP: 154 / 104
Cuff size: Adult 29-42 cm

Sequential Blood Pressures

BP #1: 154 / 104
BP #2: 150 / 100
BP #3: 148 / 98

Chief complaint(s): DOT px
Preferred pharmacy: * Owl Pharmacy Southway
Vital signs entered by: Christie Margart RN, BSN

Problems (prior to this update):

BACK PAIN (ICD-724.5) (ICD10-M54.9)
WELL ADULT EXAM (ICD-V70.0) (ICD10-Z00.00)
SUBACROMIAL BURSITIS, RIGHT (ICD-726.19) (ICD10-M75.51)
CELLULITIS/ABSCESS, LEG (ICD-682.6) (ICD10-L08.9)
SUBACROMIAL BURSITIS, LEFT (ICD-726.19) (ICD10-M75.52)
GRADE 1 SPONDYLOLISTHESIS L5-S1 (ICD-756.12) (ICD10-Q76.2)
DYSPEPSIA, HX OF (ICD-V12.79) (ICD10-Z87.19)
Hx of ELEVATED BLOOD PRESSURE (ICD-796.2) (ICD10-R03.0)
Hx of ANXIETY (ICD-300.00) (ICD10-F41.9)
Hx of VENEREAL WART (ICD-078.11) (ICD10-A63.0)
CERVICAL STRAIN, WCI 8-2-2005 (ICD-847.0)
CROHN'S DISEASE, FAMILY HX, MOTHER (ICD-V18.5) (ICD10-Z83.71)
MYOCARDIAL INFARCTION, FAMILY HX (ICD-V17.3) (ICD10-Z82.49)
Hx of TOBACCO ABUSE, HX OF (ICD-V15.82) (ICD10-Z87.891)
* LEFT LEG SURGERY SECONDARY TO TRAUMA

Medications (Prior to this update):

PRILOSEC OTC TBEC (OMEPRAZOLE MAGNESIUM TBEC) 1 daily

Allergies:

* NKDA (Moderate)

Vision

Uncorrected

Right eye: 20/25

Left eye: 20/30

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December 16, 2016
Page 4
Express Care

Brett S Jurries
Male DOB: 08/12/1966

921452-3

Home: 208-791-9394 Cell (509) 791-9394
Ins: Blue Cross Of Idaho Grp: 10040000

Lateral bending
Left: not limited
Right: not limited

Strength
Heel walk: normal
Toe walk: normal

Palpation
Bony tenderness: No
Paraspinous tenderness: No

Neural-tension tests
Straight Leg Raise (R): No Straight Leg Raise (L): No
Neurovascular exam
Patellar reflex: Symmetric
Achilles reflex: Symmetric
Distal pulses intact: Yes
Motor intact: Yes

Impression & Plan Summary:

DOT PHYSICAL - New Due to the patient's blood pressure at the visit today he will receive a three-month of care. Patient reports that his most previous primary care visit his blood pressure was 136/95. The patient was educated at length on the DOT regulations regarding blood pressure. Patient was educated on lifestyle changes that he could initiate while serving an appointment up with his primary care provider for hypertensive treatment. Patient verbalized understanding of today's events and what he needs to do in the future.

Electronically signed by Jennifer Ann-Marie Grinage PA-C on 10/03/2014 at 3:31 PM

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined **Theresa Smith** in accordance with 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 while:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a waiver/exemption qualified by operation of 49 CFR 391.51
- driving within an exempt intracity zone (49 CFR 391.51)
- accompanied by a Skill Performance Evaluator (SPE)

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Examiner: *Theresa Smith* **DATE:** 5/26/11

MEDICAL EXAMINER'S NAME (PRINT): Theresa Smith

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER AND STATE: WA 0819709360

SIGNATURE OF DRIVER: *Christopher M. Cone* **DRIVER'S LICENSE NO. STATE:** WA 0819709360

ADDRESS OF DRIVER: 2423 Shelly Lane Clarkston WA 99403

MEDICAL CERTIFICATION EXPIRATION DATE: 5/26/11

DCR-945 LabelMaster (800) 827-5346 www.labelmaster.com

USA **WASHINGTON** COMMERCIAL DRIVER LICENSE DONOR

1 CONE
2 CHRISTOPHER MICHAEL

3 DOB 08-03-1972
CLARKSTON WA 99403-1445

4a Iss: 06-20-2012
4b Exp: 08-03-2017

5 DD: CONE CM286NC3D1Z172BA1485



6 Lic# CONE CM286NC

7 Sex: M
8 Hgt: 6-02

9 Eyes: BRN
10 End: NONE

12 Restrictions: C

1212172BA1485

ATH Carrah


MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Chris Stephen Cole in accordance with 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:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a _____ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>Christy Evans</u>	TELEPHONE <u>208-743-2410</u>	DATE <u>6-17-14</u>
MEDICAL EXAMINER'S NAME (PRINT) <u>Christy Evans</u>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE <u>NP9101A-ID</u>	NATIONAL REGISTRY NO. <u>71009403298</u>	
SIGNATURE OF DRIVER <u>Christopher M. Cole</u>	INTRASTATE ONLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF DRIVER <u>2423 Shelley Lane</u>	DRIVER'S LICENSE NO. STATE <u>COVE#286ND WA</u>	
MEDICAL CERTIFICATION EXPIRATION DATE <u>6-17-15</u>	DOFAS LASERMASTER® ©2008 821-9808 www.sebelme.com	

IDAHO

The Gem State
DRIVER'S LICENSE
USA ID

Jan Fuller



FULLER
JERRY JOHN MOVIDO
2002 14TH ST
LEWISTON, ID 83501

Class A
END NONE
Sex M
Hgt 5'10"
Wgt 215 lb
Eyes BRO
Hair BRO
DONOR

DD 350161260047
DL NO. KA120847H
Exp. 05/05/2016
DOB 05/05/1967



Form MCLA 5675 (Revised 11/11/11)
Public Health Division

Medical Examiner's Certificate
For Temporary Class Medical License

County: Fuller First Name: Jerry

Medical License Class: Class A (See Regulation 18.02.01.01.01) with exception of the following: None
 the individual's License Application (DL 212) is not valid with any application date when on an "out of state" license.
 the person is qualified and, if applicable why, why they took all the steps.

Existing restrictive license: None
 Issued by a state health officer of another state.
 Issued by a state health officer of another state.

Medical Examiner's Certificate Expiration Date: 10/20/2018

The information here provided regarding the person's education, training and experience is true and correct. I am a duly licensed and qualified medical examiner.
 Medical Examiner's Signature: Jennifer G. Gorge Medical Examiner's Telephone Number: 208-746-1383 Date Certificate Signed: 10/20/2011

Medical Examiner's State License, Certificate, or Registration Number: PA1175 Issuing State: ID National Registry Number: 561A256160

Driver's Signature: Jan Fuller Driver's License Number: KA120847H Issuing State/Division: ID

Driver's Address: 2002 14th St. City: LEW State/Province: ID Zip Code: 83501

CLP/CCL Applicant/Holder

170777 (REV. 1/11)