

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: MAI First Name: ZE 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
- Wearing hearing aid
- Accompanied by a _____ waiver/exemption
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- 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

10/31/2019

Medical Examiner's Signature

T Buchanan

Medical Examiner's Telephone Number

253-839-2727

Date Certificate Signed

10/31/2017

Medical Examiner's Name *(please print or type)*

Thomas M Buchanan

- MD
- Physician Assistant
- Advanced Practice Nurse
- DO
- Chiropractor
- Other Practitioner *(specify)* _____

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

MD00013525

Issuing State

WA

National Registry Number

4226098445

Driver's Signature

李洋

Driver's License Number

[REDACTED]

Issuing State/Province

[REDACTED]

Driver's Address

Street Address:

[REDACTED]

City:

[REDACTED]

State/Province:

[REDACTED]

Zip Code:

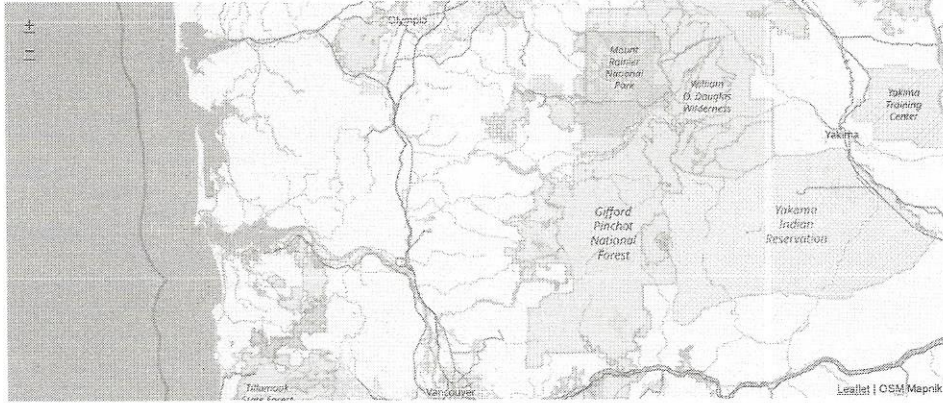
[REDACTED]

CLP/CDL Applicant/Holder

Yes No



National Registry of Certified Medical Examiners Search



Dr. Thomas M Buchanan Doctor of Medicine
Fanno Creek Clinic
2400 SW Moss Street
Portland, OR 97219
(503) 452-0915
Distance: 0.00 miles
National Registry Number: 4226096445
Certification Date: 03/23/14

Dr. Thomas M Buchanan Doctor of Medicine
concentra urgent care
6405 sw Rosewood Ste B
Lake Oswego, OR 97035
(503) 675-7603
Distance: 0.00 miles
National Registry Number: 4226096445
Certification Date: 03/23/14