



Form MCSA-5876 (Revised: 12/02/2015) OMB No. 2126-0006 Expiration Date: 8/31/2018

Public Burden Statement
 A person may not be required to provide information to the public burden statement if the information is not necessary for the performance of the Department of Transportation's functions. The Department of Transportation is not required to collect information from you if the information is not necessary for the performance of the Department of Transportation's functions. The Department of Transportation is not required to collect information from you if the information is not necessary for the performance of the Department of Transportation's functions. The Department of Transportation is not required to collect information from you if the information is not necessary for the performance of the Department of Transportation's functions.

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

I certify that I have examined **Last Name: JURRIES** First Name: **Brett** 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/resumption 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 Telephone Number 831 2017 **Medical Examiner's Certificate Expiration Date** 8/31/2018

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** 2087461383 **Date Certificate Signed** 8/31/2016

Medical Examiner's Name (please print or type) Jennifer Givraj MD Physician Assistant Advanced Practice Nurse
 DO Chiropractor Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number PA1175 **Issuing State** ID **National Registry Number** 56435460

Driver's Signature [Signature] **Driver's License Number** JURRIBS344NK **Issuing State/Province** WA

Driver's Address 1705 Swallow's Nest Loop **City** CLACK **State/Province** WA **Zip Code** 99407 **Yes** **No**

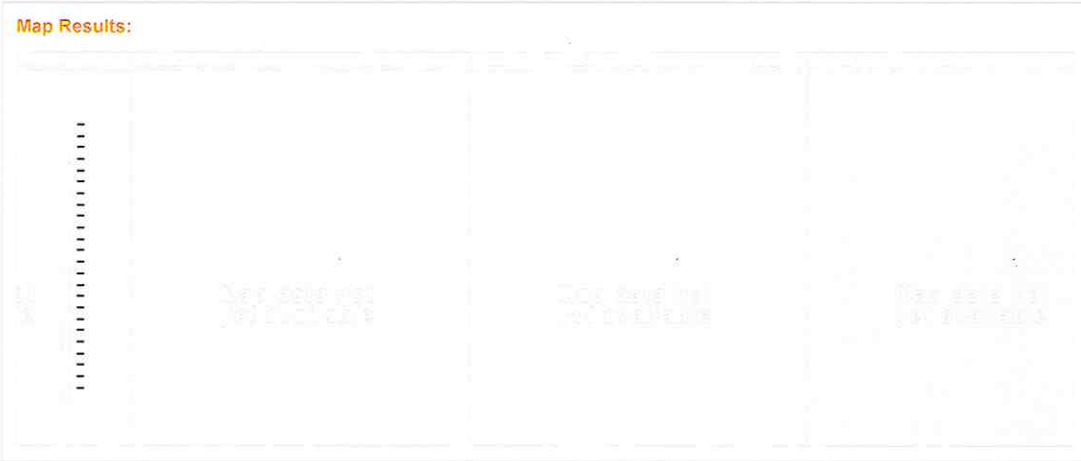
Street Address: 1705 Swallow's Nest Loop **City:** CLACK **State/Province:** WA **Zip Code:** 99407 **Yes** **No**

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Home > Medical Examiner Search Results

 [Print](#)

You searched for Medical Examiners with NRID #5614356160. Showing Results Page 1 of 1



1 **Jennifer A Grinage**
 Physician Assistant , National Registry #. 5614356160
 Certification Date: 8/30/2014

Valley Medical Center
 Employer: Valley Medical Center
 2315 8th Street, Lewiston, ID, 83501
 208-746-1393 , Fax:
 Hours of Operation:

[No Website](#) | [Email](#) | [Get Directions](#)

Search for Medical Examiner

Last Name First Name

National Registry ID #

Business Name

Employer Name

Medical Profession

City State

OR Zip Code Radius



MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Michael Cone in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving rules, that this person is qualified, and, if applicable, one which is not a restricted license.

wearing hearing aid water/exemption accompanied by a Safe Performance Evaluation Co. accompanied by an exempt intracity zone (49 CFR 391.49) driving within an exempt intracity zone (49 CFR 391.49) qualified by operation of 49 CFR 391.56

The information I have provided regarding this physical examination is true and complete. A complete examination is not required unless specifically indicated by the information symbols my findings completely and correctly, and is on file in my office.

Michael Cone TELEPHONE 208-743-8416 DATE 5/26/15

MEDICAL EXAMINER'S NAME (PRINT) Theresa Smith MD Chiropractor Physician Assistant Advanced Practice Nurse Other Practitioner

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NUMBER AND ISSUING STATE NP 3886A-SP NATIONAL REGISTRY NO. 0819709310

SIGNATURE OF DRIVER Christopher M. Cone INTRASTATE ONLY YES NO COL. DRIVER'S LICENSE NO. ONE*CM2866 WA STATE WA

ADDRESS OF DRIVER 2423 Shallow Lane Clarkston WA 99403

MEDICAL CERTIFICATION EXPIRATION DATE 5/26/17

DDF-45 Issued by aster (800) 621-3569 www.lhdmaster.com

USA WASHINGTON COMMERCIAL DRIVER LICENSE DONOR



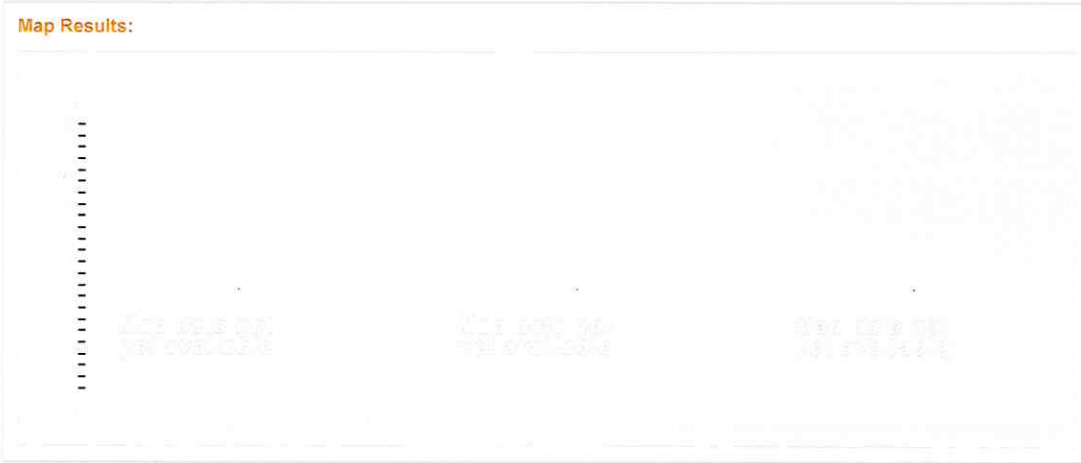
1c LIC# CONE*CM2866NC
 2 CHRISTOPHER MICHAEL
 3 DOB 08-03-1972 Iss. 06-20-2012
 8 2423 SHELLY LN CLARKSTON WA 99403-1445
 15 Sex M 16 Hgt 6-02
 17 Wgt 250 18 Eyes BRN
 9 Class B 9a End NONE
 12 Restrictions C 4b Exp. 08-03-2017

5. DD. CONE*CM2866NCJD121728A1495

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You searched for Medical Examiners with NRID #6819709360. Showing Results Page 1 of 1



1 **Theresa M Smith**
 Nurse Practitioner , National Registry #: 6819709360
 Certification Date: 5/30/2014
 Clearwater Medical Clinic
 Employer: Clearwater Medical Clinic
 1522 17th St, Lewiston, ID, 83501
 208-743-8416 , Fax: 208-743-4642
 Hours of Operation:
 No Website | [Email](#) | [Get Directions](#)

Search for Medical Examiner

Last Name First Name

National Registry ID #

Business Name

Employer Name

Medical Profession

City State

OR Zip Code Radius Search



IDAHO
The Great State
DRIVER'S LICENSE
USA ID

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

Sex: M, Height: 5'10", Weight: 175 lb, Eyes: BRO, Hair: GND, Donor:

DL NO: KA120847H
DOB: 06/06/2020
DCS: 05/05/1967

ENT: NONE
EYES: B

Fuller




Medical Examiner's Certificate

Fuller, Jerry

10/20/2018

2087461383 10/20/2018

Jennifer George
PAT195 ID Sella 56160

Jerry Fuller KA120847H ID

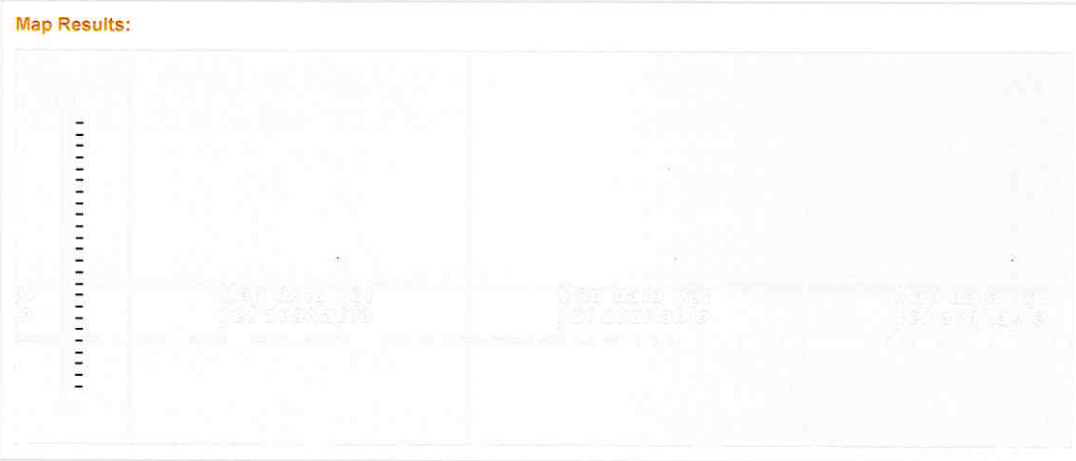
2002 14th St. Lew ID 83501

DRIVER'S LICENSE

Home > Medical Examiner Search Results

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You searched for Medical Examiners with NRID #5614356160. Showing Results Page 1 of 1



1 Jennifer A Grinage
 Physician Assistant , National Registry #: 5614356160
 Certification Date: 8/30/2014

Valley Medical Center
 Employer: Valley Medical Center
 2315 8th Street, Lewiston, ID, 83501
 208-746-1393 , Fax:
 Hours of Operation:

[No Website](#) | [Email](#) | [Get Directions](#)

Search for Medical Examiner

Last Name First Name

National Registry ID #

Business Name

Employer Name

Medical Profession

City State

OR Zip Code Radius Search



WA USA WASHINGTON COMMERCIAL DRIVER LICENSE DONOR

4 LIC# KREISKG381D2

1 KREISHER

2 KEVIN GORDON

3 DOB 03-22-1962

4 1632 14TH ST

5 CLARKSTON WA 99403-2482

6 Sex M 16 Hgt 5-08

7 Wgt 180 18 Eyes BLU

8 Class A 9a End 3TN

9 Restrictions NONE

10 Exp 03-22-2012

11 Iss 04-27-2016

12 DD KREISKG381D2016100A1354



NATIONAL REGISTRY

792 3075482

SIGNATURE OF DRIVER *Kevin Gordon*

DRIVER'S LICENSE NO. KREISKG381D2

ADDRESS OF DRIVER 1038 14TH ST Clarkston, WA 99403

REGISTRATION EXPIRATION DATE 6/29/2017

ORIGINAL - DRIVER

26520 (7/13)

INQUIRY DATE	YES	NO	YES	NO
STATUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Kevin Kreisher in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with the knowledge of the driving duties. I find this person is qualified, and, if applicable, only when:

wearing corrective lenses driving within an exempt intracity zone (49 CFR 391.62)

wearing hearing aid accompanied by a Skill Performance Evaluation Certificate (SPE)

accompanied by a waiver/resumption qualified by operation of 49 CFR 391.84

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>David Peterson</i>	TELEPHONE 208 746 1283
	DATE 6/29/15
MEDICAL EXAMINER'S NAME (PRINT) David Peterson	<input checked="" type="checkbox"/> DO <input type="checkbox"/> Chiropractor
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. M4779	<input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse
ISSUING STATE ID	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner

792 307 5482

M4779

Home > Medical Examiner Search Results

 **Print**

You searched for Medical Examiners with postal code 83501 and radius 25. Showing Results Page 1 of 1

Map Results:



1 **David A Petersen**
 Medical Doctor, National Registry #: 7923075482
 Certification Date: 6/25/2014

Valley Medical Center
 Employer: Valley Medical Center
 2315 8th St, Lewiston, ID, 83501
 208-746-1383, Ext: 6050, Fax: 208-298-4520
 Hours of Operation: 7:30AM-7:30PM

[Website](#) | [Email](#) | [Get Directions](#)

1.03 Miles

Search for Medical Examiner

Last Name	First Name
<input type="text" value="PETERSEN"/>	<input type="text" value="DAVID"/>
National Registry ID # <input type="text"/>	
Business Name <input type="text"/>	
Employer Name <input type="text"/>	
Medical Profession <input type="text" value="Medical Doctor (MD)"/>	
City	State <input type="text" value="ID"/>
OR	Zip Code Radius
<input type="text" value="83501"/>	<input type="text" value="25"/>
<input type="button" value="Search"/>	

