



OMB No 2126-0706 Expiration Date: 03/31/2025

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

at I have examined Last Name: Bradford First Name: Jennifer in accordance with (please check only one).

ederal 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  
ederal 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,  
this person is qualified, and, if applicable, or (check all that apply):

Accompanied by a \_\_\_\_\_ waiver/exemption  Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
 Accompanied by a State Performance Evaluation (SPE) Certificate  Qualified by operation of 49 CFR 391.64 (Federal)  
 Accompanied by a \_\_\_\_\_  Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 7-27-25

ation I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form,  
75, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 817-615-8200 Date Certificate Signed: 7-27-23

Examiner's Name (please print or type): Mark Szymanski, DC  
 MD  Physician Assistant  Advanced Practice Nurse  
 DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_

Examiner's State License, Certificate, or Registration Number: 7883 Issuing State: TX National Registry Number: 4095769251

Signature: Jennifer Bradford Driver's License Number: 46863203 Issuing State/Province: Texas  
 Address: 1200 Limerick Dr. City: Fort Worth State/Province: TX Zip Code: 76134 CLP/CDL Applicant/Holder:  Yes  No

ment contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent  
by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

Rev 3/29/22

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