

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) Jacques Louis (first name) Jimmy 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/exemption (specify type) _____ ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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

04/07/2027

Medical Examiner's Signature

Amy Markerson PA

4/7/2025 11:20:41 AM

Medical Examiner's Telephone Number

(225) 924-4460

Date Certificate Signed

04/07/2025

Medical Examiner's Name (please print or type)

Amy Markerson, PA

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

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

PA.200549.RX

Issuing State

Louisiana

National Registry Number

2512526180

Driver's Signature

Jimmy

4/7/2025 11:06:06 AM

Driver's License Number

J224420884130

Issuing State/Province

Florida

Driver's Address

Street Address: 2290 We 170 Street Apt 3c

City: Miami

State/Province: FL

Zip Code: 33160

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Rev 3/1/23



 **Mrs. Amy Markerson**
(Physician Assistant)



Email



Website

Practice Business Name

Total Occupational Medicine

Address

3282 Drusilla Lane Baton Rouge, LA 70809

Hours of Operation

mon-sun: 8:00am-10:00pm

National Registry Number

2512526180

Certification Date

11/19/2014

Distance

N/A

Business Phone

(225) 924-4460

Business Fax Number

2259270547

Business Email

akyger@totalocmed.com

Business Website

<https://totalocmed.com/locations/total-occupational-medicine-drusilla/>

