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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)**CMV DRIVER CERTIFICATION**

I certify that I have examined (last name) Perez Aparicio (first name) Jose G 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): _____
☐ Wearing hearing aid ☐ 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

Nov 10, 2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Sheffield, Louise

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

050773

Medical Examiner's Telephone Number

(404) 855-3300

Date Certificate Signed

Nov 10, 2023

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

Issuing State

GA

National Registry Number

3580997887

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address: 4855 TANNERS SPRINGS DR

City: Alpharetta

State/Province: GA

Zip Code: 30022

Driver's License Number

055621789

Issuing State/Province

GA

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Dr. Louise Sheffield**
(Medical Doctor)



Email



Website

Practice Business Name

Occupational Healthworx

Address

6825 Jimmy Carter Blvd Suite1100 Norcross, GA 30071

Hours of Operation

mon - fri 8am- 5pm

National Registry Number

3580997887

Certification Date

06/11/2013

Distance

N/A

Business Phone

(404) 855-3300

Business Fax Number

4048554331

Business Email

dr.sheffield@ehealthworx.com

Business Website

www.ehealthworx.com/

