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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: Fernandez Bascope** **First Name: Emerson** 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 ☐ 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)

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

06/14/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number

540-432-9996

Date Certificate Signed

06/14/2022

Medical Examiner's Name (please print or type)

Kristina Liskey PA-C

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor

☐ Other Practitioner (specify) \_\_\_\_\_

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

0110003025

Issuing State

VA.

National Registry Number

8296018373

Driver's Signature

Driver's License Number

A691643425

Issuing State/Province

VA.

Driver's Address

Street Address: 5104 Woodmere Dr. Apt. 203

City: Centreville

State/Province: VA.

Zip Code: 20120

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Mrs. Kristina Liskey**  
(Physician Assistant)



Email



Website

**Practice Business Name**  
Emergicare

**Address**  
182 Neff Ave Ste 12W Harrisonburg, VA 22801

**Hours of Operation**  
-

<b>National Registry Number</b>	<b>Certification Date</b>
8296018373	04/24/2014

<b>Distance</b>	<b>Business Phone</b>
N/A	(540) 432-9996

**Business Fax Number**  
5404329997

**Business Email**  
ecare@comcast.net

