

## 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:** Athie **First Name:** Amadou 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 ☐ 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

09/27/2026

Medical Examiner's Signature

*[Signature]* MD, MPH

Medical Examiner's Telephone Number

215-365-7510

Date Certificate Signed

09/27/2024

Medical Examiner's Name (please print or type)

Jessica Reeves

☒ MD

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☐ Chiropractor

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

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

MD473263

Issuing State

PA

National Registry Number

7481349280

Driver's Signature

*[Signature]* Amadou

Driver's License Number

33353549

Issuing State/Province

PA

Driver's Address

Street Address: 5416 Delancey street

City:

PHILADELPHIA

State/Province:

PA

Zip Code:

19143

CLP/CDL Applicant/Holder

☐ Yes ☒ No

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 **Dr. Jessica Reeves**  
(Medical Doctor)



Email



Website

**Practice Business Name**  
Concentra

**Address**  
2010 Levick St Philadelphia, PA 19149

**Hours of Operation**  
8-5

**National Registry Number**      **Certification Date**  
7481349280                      10/02/2019

**Distance**                      **Business Phone**  
N/A                              (215) 537-4755

**Business Fax Number**  
-

**Business Email**  
jreeves7@icloud.com

