

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: OliveiraFirst Name: Rafael

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 391.49) (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

4/7/2027

Medical Examiner's Signature

Sherri Lynn Smith, RNAC

Medical Examiner's Name (please print or type)

Sherri Lynn Smith

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

209026521

Medical Examiner's Telephone Number

(708) 929-1569

Date Certificate Signed

4/7/2025

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

Issuing State

National Registry Number

4808203971

Driver's Signature

[Signature]

Driver's License Number

D416720812050

Issuing State/Province

FL

Driver's Address

Street Address: 36 drive brookCity: BarryvilleState/Province: NYZip Code: 12719

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 Mrs. SherriLynn Smith
(Advanced Practice Registered Nurse)

[Email](#)[www.](#)[Website](#)**Practice Business Name**

Midwest Express Clinic

Address

3314 S Cicero Ave Unit B Cicero, IL 60804

Hours of Operation

-

National Registry Number

4808203971

Certification Date

06/15/2023

Distance

N/A

Business Phone

(708) 391-3030

Business Fax Number

-

Business Email

cicero@midwestexpressclinic.com

