

## 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: Dorsett First Name: Gregory 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

03/08/2025

|   |  |   |
|---|--|---|
| Medical Examiner's Signature<br><u>Joe Barrera</u>  | Medical Examiner's Telephone Number<br><u>861 977 2053</u>   | Date Certificate Signed<br><u>03/08/2024</u>  |
| Medical Examiner's Name (please print or type)<br><u>Joe Barrera</u>                      | <input checked="" type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse<br><input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____ |   |
| Medical Examiner's State License, Certificate, or Registration Number<br><u>AP-123132</u> | Issuing State<br><u>TX</u>   | National Registry Number<br><u>2031112547</u> |

|  |   |   |
|--|---|---|
| Driver's Signature<br><u>Dorothy A Dorsett</u> | Driver's License Number<br><u>10951038</u>                                | Issuing State/Province<br><u>TEXAS</u>  |
| Driver's Address<br><u>265 CR301 South</u>     | City: <u>Port Lavaca</u> State/Province: <u>TX</u> Zip Code: <u>77979</u> | CLP/CDL Applicant/Holder<br><input checked="" type="radio"/> Yes <input type="radio"/> No |

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Rev 1/6/22



### Search Medical Examiners

City, State or Zipcode 10 Miles

National Registry Number Business Name  
2031112547

First Name Last Name

Basic Search Search

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**Mr. Joseph Barrera (Advanced Practice Registered Nurse)**

**NextCare Urgent Care**  
3308 E Main St Alice, TX 78332  
(361) 998-9970

N/A [Directions](#)

