

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:** Lema

First Name: Jorge

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

8/14/2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Marylu Joseph

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

34991

Medical Examiner's Telephone Number

(615) 590-1018

Date Certificate Signed

2/14/2025

☐ MD

☐ Physician Assistant

☒ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify)

Issuing State

TN

National Registry Number

6559694552

Driver's Signature

Driver's License Number

152735278

Issuing State/Province

TN

Driver's Address

Street Address: 1026 Andrew Run , Apt A109 City: Hendersonville

State/Province: TN

Zip Code: 37075

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Marylou Joseph
(Advanced Practice Registered Nurse)



Email



Website

Practice Business Name

Kroger The Little Clinic

Address

1010 Glenbrook Way Hendersonville, TN 37075

Hours of Operation

-

National Registry Number

6559694552

Certification Date

07/19/2024

Distance

N/A

Business Phone

(615) 590-1018

Business Fax Number

-

Business Email

eprice@thelittleclinic.com

