

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) Reeves (first name) Willis 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 (specify type) ☐ 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

04/25/2026

Medical Examiner's Signature

M. McCoy, APRN - CNP

Medical Examiner's Telephone Number

(330) 848-9104

Date Certificate Signed

04/25/2024

Medical Examiner's Name (please print or type)

Melissa McCoy, APRN

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

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

APRN.CNP.021507

Issuing State

Ohio

National Registry Number

7915110707

Driver's Signature

Willis Reeves

Driver's License Number

R12088477201-0

Issuing State/Province

Florida

Driver's Address

Street Address: 550 Corkhill Road C193

City: Bedford

State/Province: OH

Zip Code: 44146

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Rev 3/1/23



Search Medical Examiners

Miles

National Registry Number

Business Name

7915110707

First Name

Last Name

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 **Ms. Melissa McCoy (Advanced Practice
Registered Nurse)**

 **People Check LLC**

101 5th St SE Suite D BARBERTON, OH 44203

 (234) 718-3008

 N/A [Directions](#)





Ms. Melissa McCoy

(Advanced Practice Registered Nurse)



Email



Website

Practice Business Name

People Check LLC

Address

101 5th St SE Suite D BARBERTON, OH 44203

Hours of Operation

-

National Registry Number

7915110707

Certification Date

02/12/2021

Distance

N/A

Business Phone

(234) 718-3008

Business Fax Number

-

Business Email

melissa.mccoy@peoplechecksolutions.com

Business Website

peoplechecksolutions.com



A

Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (9/5/2024 10:13:58)

Conducted By: Teodora Nikolic | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: WILLIS REEVES

Date of Birth: 6/1/1977

CDL/CLP ⓘ: US-FL-R120884772010

Consent Information

Requested: 9/5/2024 9:22:46

Recorded: 9/5/2024 10:13:58

Status: Provided

Query History

Created: 9/5/2024 9:22:46

Completed: 9/5/2024 10:13:58

Query Result: Driver Not Prohibited

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 The Return-to-Duty Pro

Open Violations

No Open Violations