

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Michaud (first name) John in accordance with (please check only

☒ 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):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a waiver/exemption (specify type): _____ | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal) |
| | | <input type="checkbox"/> Grandfathered from State requirements (State) |

Medical Examiner's Certificate Expiration Date

08/28/2025

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number
(478) 751-2900

Date Certificate Signed
08/28/2023

Medical Examiner's Name (please print or type)

☐ MD ☐ Physician Assistant
☐ DO ☐ Chiropractor

☒ Advanced Practice Nurse

☐ Other Practitioner (specify) _____

Shinholster, Jeremy

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

Issuing State
GA

National Registry Number
7533792362

RN258849

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number
FLM230479853730

Issuing State/Province
FL

Driver's Address

CLP/CDL Applicant/Holder

Street Address: 172 SW Langfield Ave City: Port Saint Lucie State/Province: FL Zip Code: 34984-4923 ☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



Search Medical Examiners

National Registry Number

Business Name

7533792362

First Name

Last Name


[Basic Search](#)

Search

[Previous Page](#)

1 of 1

[Next Page](#)

 **Mr. Jeremy Shinholster (Advanced Practice Registered Nurse)**

 **Macon Occupational Medicine**

124 3rd St macon, GA 31201

 (478) 751-2900

 N/A [Directions](#) 





Mr. Jeremy Shinholster
(Advanced Practice Registered Nurse)



Email



Website

Practice Business Name

Macon occupational medicine

Address

124 3rd St macon, GA 31201

Hours of Operation

-

National Registry Number

7533792362

Certification Date

05/23/2022

Distance

N/A

Business Phone

(478) 751-2900

Business Fax Number

-

Business Email

arenfro@maconocmedicine.org

Business Website

https://www.maconocmedicine.org/



Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (9/18/2024 9:56:05)

Conducted By: RADOSLAV KOVACEVIC | **Query Type:** Pre-employment | **Query Submitted:** Manually

Driver Information

Name: JOHN MICHAUD
Date of Birth: 10/13/1985
CDL/CLP ⓘ: US-FL-M230479853730

Consent Information

Requested: 9/18/2024 9:47:54
Recorded: 9/18/2024 9:56:05
Status: Provided

Query History

Created: 9/18/2024 9:47:54
Completed: 9/18/2024 9:56:05
Query Result: Driver Not Prohibited

LEARN MORE

 [The Return-to-Duty Process](#)

Open Violations

No Open Violations