

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:** Johnson **First Name:** Patrick 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

07/31/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

866 389 2727

07/31/2023

Medical Examiner's Name (please print or type)

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

Lisa Martins

☐ DO ☐ Chiropractor

☐ Other Practitioner (specify) _____

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

Issuing State

National Registry Number

1002452

Texas



6600761866

Driver's Signature

Driver's License Number

Issuing State/Province

04447422

Texas



Driver's Address

CLP/CDL Applicant/Holder

Street Address: 624 Stonybrook Drive

City: Wylie


State/Province: TX



Zip Code: 75098

☒ Yes ☐ No

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Search Medical Examiners

10 Miles

National Registry Number

Business Name

6600761866

First Name

Last Name

Basic Search

Search

Previous Page

1 of 1

Next Page

Ms. Lisa Martins (Nurse Practitioner)

CVS Minute Clinic

750 west FM 544 Wylie, TX 75098

(866) 389-2727

N/A

Directions

A map view showing a location marked with a green pin. The pin is located on W 55th Terrace, near the intersection with Silverhead St. The map shows surrounding streets including Johnson Dr, Woodsonia Dr, W 56th St, and W 57th St. There are also labels for Silverhead St, W 55th Terrace, and W 56th St. The map is a light green and blue color scheme.