

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)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Ventura (first name) Nelson 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 ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

01/03/2026

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

Date Certificate Signed

(708)430-2295

01/03/2024

Medical Examiner's Name (please print or type)

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

Glerum, Emily

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

Issuing State

National Registry Number

085.006633

IL

2457165715

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

Issuing State/Province

V536622742810

FL

Driver's Address

CLP/CDL

Street Address: 4031 Eastridge Dr City: Deerfield Beach State/Province: FL Zip Code: 33064- ☒ Yes ☐ No

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Emily Glerum
(Physician Assistant)

Email Website

Practice Business Name
Concentra

Address
8755 S. Harlem Ave. Bridgeview, IL 60455

Hours of Operation
-

National Registry Number 2457165715
Certification Date 08/30/2021

Distance N/A
Business Phone (708) 430-2295

Business Fax Number

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ashmyers@concentra.com

Business Website
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