

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) Odoms (first name) Kenyatte 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, 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, 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)

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

11-22-2026

Medical Examiner's Signature

Horst Griesser

Medical Examiner's Telephone Number

(734) 718-3654

Date Certificate Signed

11-22-2024

Medical Examiner's Name (please print or type)

Horst Griesser, MD

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

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

4301060251

Issuing State

Michigan

National Registry Number

1619011864

Driver's Signature

Kenyatte Odoms

Driver's License Number

0352 465 676 959

Issuing State/Province

Michigan

Driver's Address

Street Address:

2875 English Rd City: Kimball

State/Province:

MI

Zip Code:


48074

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Dr. Horst Griesser
(Medical Doctor)

Email

Website

Practice Business Name
Advanced Urgent Care

Address
13510 Michigan Ave Dearborn, MI 48126

Hours of Operation
9-5

National Registry Number	Certification Date
1619011864	06/12/2014
Distance	Business Phone
N/A	(734) 718-3654
Business Fax Number	
7346559514	
Business Email	
nicole@occupationalcareservices.com	

