

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: Aberdeen

First Name: Jerel

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

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

08/17/2026

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's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name (please print or type)

(770)424-7125

08/17/2024

Vanstrum, Marnie

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

Issuing State

National Registry Number

88296

GA

4981396824

Driver's Signature

Driver's License Number

Issuing State/Province

055193829

GA

Driver's Address

State/Province: GA

Zip Code: 30127-

CLP/CDL Applicant/Holder

Street Address: 5111 Ray Ct

City: Powder Springs

State/Province: GA

Zip Code: 30127-

☒ Yes ☐ No

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National Registry Number

4981396824

Business Name

First Name

Last Name

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[Next Page](#) **Ms. Marnie Vanstrum (Medical Doctor)** **Concentra Lawrenceville**

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(770) 995-1500

 N/A [Directions](#) 

755

1550

