

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) Diaz (first name) Victor 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)

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

11/30/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Abraham, Jensen

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

085.002537

Medical Examiner's Telephone Number

(708)496-1515

Date Certificate Signed

11/30/2023

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

Issuing State

IL

National Registry Number

3106062777

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address: 2001 S Voss Rd Apt 309

Driver's License Number

47739421

Issuing State/Province

TX

City: Houston

State/Province: TX

Zip Code: 77057-

CLP/CDL

☒ Yes ☐ No

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 **Mr. Jeneson Abraham**
(Physician Assistant)



Email



Website

Practice Business Name

Concentra

Address

6500 West 65th St Chicago, IL 60638

Hours of Operation

-

National Registry Number

3106062777

Certification Date

05/17/2014

Distance

N/A

Business Phone

(708) 496-1515

Business Fax Number

-

Business Email

ashmeyers@concentra.com

