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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

13240112264041

CMV DRIVER CERTIFICATION

I certify that I have examined Last Name: PRESSLEY First Name: AMOS 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
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

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

1/12/2026

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

LAUREN ROMAN

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

277.000740

Medical Examiner's Telephone Number

(630) 972-0733

Date Certificate Signed

1/12/2024

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

Issuing State

IL

National Registry Number

3476213849

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

T62660365

Issuing State/Province

VA

Driver's Address

Street Address: 615 VIRGINIA AVECity: PORTSMOUTHState/Province: VAZip Code: 23707

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Lauren Roman**
(Nurse Practitioner)

 [Email](#)

 [Website](#)

Practice Business Name
Premier Occupational Health

Address
550 E. Boughton Rd. # 140 Bolingbrook, IL 60440

Hours of Operation
-

National Registry Number
3476213849

Certification Date
09/12/2017

Distance
N/A

Business Phone
(630) 972-0733

Business Fax Number
-

Business Email
tlroman625@gmail.com

