

Form MCSA-5875

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Medical Examiner's Certificate
(For Commercial Driver Medical Certification)

I certify that I have examined Last Name: JESURA First Name: LUNEL In accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.69) 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 391.41-391.69) 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 ☐ Driving within an exempt intracity zone (49 CFR 391.63) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ 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 Signature M. J. Lampell **Medical Examiner's Telephone Number** 339-303-5039 **Date Certificate Signed** 6/24/2025

Medical Examiner's Name (please print or type) MARC LAMPELL

Medical Examiner's State License, Certificate, or Registration Number ME130939

Issuing State FL **National Registry Number** 7211492331

Driver's Signature LJ **Driver's License Number** J260-520-84-451-0 **Issuing State/Province** FL

Driver's Address 241 LOADSTAR ST **City** FT MYERS **State/Province** FL **Zip Code** 33913 **CLP/CDL Applicant/Holder** ☒ Yes ☐ No

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Rev. 3/



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Dr. Marc Lampell

(Medical Doctor)

Email

Website

Practice Business Name

Medexpress

Address

1120 Homestead Rd Lehigh Acres, FL 33936

Hours of Operation

-

National Registry Number

7211492331

Certification Date

10/16/2021

Distance

N/A

Business Phone

(239) 303-5020

Business Fax Number

-

Business Email

marc.lampell@medexpress.com

