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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) ARREBATO GUERRA (first name) JORGE LUIS 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): _____
☐ 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)

Medical Examiner's Certificate Expiration Date

4-17-2024

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Martin, Liam T, PA-C

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

5601010557

Medical Examiner's Telephone Number

(517) 999-2273

Date Certificate Signed

4/17/2023

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

Issuing State

MI

National Registry Number

9238194128

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

A613439007167

Issuing State/Province

MI

Driver's Address

Street Address: 320 GATEWOOD

City: LANSING


State/Province: MI

Zip Code: 48917

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Search Medical Examiners

10 Miles

National Registry Number

Business Name

9238194128

First Name

Last Name

Basic Search

Search

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Mr. Liam Martin (Physician Assistant)

Lansing Urgent Care

505 N Clippert Street Lansing, MI 48912

(517) 999-2273 [N/A Directions](#)

A detailed map of the Lansing, Michigan area. The map shows a grid of streets including Grand River Ave, E Saginaw St, N Clippert St, and N Howard Ave. A green location pin is placed near the intersection of N Clippert St and Fernwood Ave. Other visible streets include N Homer St, N Clippert St, N Howard Ave, N Francis Ave, N Foster Ave, N Hayford Ave, N Clippert St, N Howard Ave, N Francis Ave, N Foster Ave, N Hayford Ave, N Clippert St, N Howard Ave, N Francis Ave, N Foster Ave, N Hayford Ave. The map also shows a large green area, possibly a park or field, and a building labeled 'Express Employment Professionals'.