

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:** ACOSTA **First Name:** PETER 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 ☐ 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

4/15/2025

Medical Examiner's Signature

Jessica Bauer LHC

Medical Examiner's Telephone Number

3362228888

Date Certificate Signed

4/15/2024

Medical Examiner's Name (please print or type)

JESSICA BAUER

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

5011504

Issuing State

North Carolina

National Registry Number

☒ 7202278375

Driver's Signature

[Signature]

Driver's License Number

49228250

Issuing State/Province

TX

Driver's Address

Street Address: 101 W Del Mar Blvd 2C City: Laredo


State/Province: TX

Zip Code: 78041

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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


Miles

National Registry Number Business Name

First Name Last Name

Basic Search

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 **Mr. Jessica Bauer (Nurse Practitioner)**
 **NextCare Urgent Care**
1713 South Church Street Burlington, NC 27215
 (336) 222-8888  N/A [Directions](#)

