

**Medical Examiner's Certificate**  
(Not Commercial Driver Medical Certification)

I certify that I have examined Last Name: MERINO CAMPOS

First Name: JULIO

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): On  
 I find this person is qualified, and, if applicable, only when (check all that apply):
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption                         | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid       | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 (Federal)                 |
|  |  | <input type="checkbox"/> 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  
11/16/2023

**Medical Examiner's Signature**

Medical Examiner's Name (please print or type)

VICTORIA FORSBERG

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

AP135436

Medical Examiner's Telephone Number \_\_\_\_\_

(682) 936-9475

Date Certificate Signed \_\_\_\_\_

11/16/2021

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

**Issuing State**

**Texas**

National Registry Number

9659988799

Driver's Signature

Driver's Address

Street Address: 8100 PINEBROOK DR APT 1506M

Driver's License Number

47369338

Issuing State/Province

**Texas**

City: SAN ANTONIO

State/Province: TX

Zip Code: 78230

CLP/COL Applicant/Holder

☒ Yes ☐ No



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Contact Us



Mrs. Victoria Forsberg  
(Nurse Practitioner)



Email



Website

Practice Business Name

Clinica San Felipe

Address

11329 West Ave San Antonio, TX 78213

Hours of Operation

-

National Registry Number	Certification Date
9659988799	12/18/2019

Distance	Business Phone
N/A	(210) 886-8666

Business Fax Number  
2108868667

Business Email  
jose@jmresearch.org