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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) Jimenez Gutierrez (first name) 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): _____ ☐ 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

07/25/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Curnayn, James

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

PA9110848

Medical Examiner's Telephone Number

Date Certificate Signed

(352)314-9300

07/25/2022

☐ MD ☒ Physician Assistant

☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor

☐ Other Practitioner (specify) _____

Issuing State

National Registry Number

FL

6936304385

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

Issuing State/Province

35219483

FL

Driver's Address

CLP/CDL

Street Address: 151 highland dri City: leesburg State/Province: FL Zip Code: 34748 ☒ Yes ☐ No

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 **Mr. James Curnayn**
(Physician Assistant)



Email



Website

Practice Business Name
Concentra-Ocala

Address
2221 SW 19th Ave Rd Suite 100 Ocala, FL 34471

Hours of Operation
7am-7pm m-f

National Registry Number **Certification Date**
6936304385 10/20/2017

Distance **Business Phone**
N/A (352) 629-9100

Business Fax Number
3526299200

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Business Website
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