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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: ARRIOLA First Name: JAVIER 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)

**Medical Examiner's Certificate Expiration Date**

10/12/2024

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's Signature****Medical Examiner's Telephone Number**

404-366-2900

**Date Certificate Signed**

10/12/2022

**Medical Examiner's Name (please print or type)**

Nicola Lee

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

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

052106

**Issuing State**

GA

**National Registry Number**

8825399511

**Driver's Signature****Driver's License Number**

13713585

**Issuing State/Province**

TX

**Driver's Address**

Street Address: 178 TURKEY RIDGE COVE

City: CEDAR CREEK

State/Province: TX

Zip Code: 78612

**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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 **Dr. Nicola Lee**  
(Medical Doctor)



Email



Website

**Practice Business Name**  
Concentra Urgent Care

**Address**  
900 Ashwood Pkwy, Suite 850 Atlanta, GA 30338

**Hours of Operation**  
-

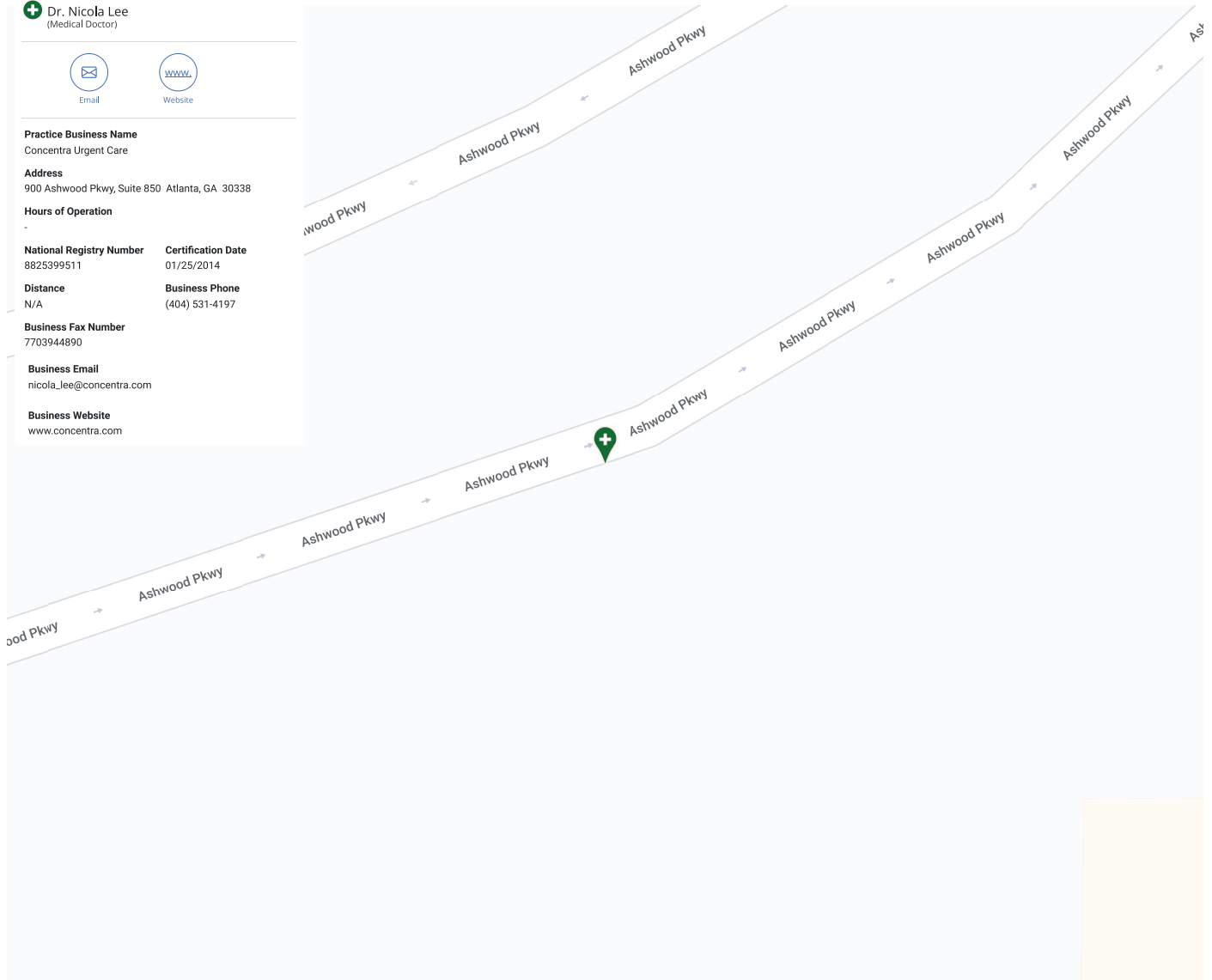
**National Registry Number** 8825399511  
**Certification Date** 01/25/2014

**Distance** N/A  
**Business Phone** (404) 531-4197

**Business Fax Number**  
7703944890

**Business Email**  
nicola\_lee@concentra.com

**Business Website**  
www.concentra.com



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**Federal Motor Carrier Safety Administration**  
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