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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) Mirville (first name) Johane 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 391.47) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.44 (Federal)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

03/23/2025

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)

Kronzek, David

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

PA3532

Medical Examiner's Telephone Number

(561)881-0066

Date Certificate Signed

03/23/2023

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

Issuing State

FL

National Registry Number

6247424035

CMV DRIVER INFORMATION**Driver's Signature****Driver's Address**

Street Address: 4179 N Haverhill Rd Apt 605

City: West Palm Beach

Driver's License Number

M614420879140

Issuing State/Province

FL

CLP/CDL Applicant/HolderZip Code: 33417-8304 ☒ Yes ☐ No

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**FMCSA**

Federal Motor Carrier Safety Administration

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[Next Page](#)**+ Mr. David Kronzek (Physician Assistant)****Concentra**

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(561) 881-0066

N/A [Directions](#)

Medical Center Way

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