

Form MCSA-5875

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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: **FERNANDEZ PROEN, EDUARDO** 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 _____ waives/exemption
- Driving within an exempt intracity zone (49 CFR 391.403) (Federal)
- Wearing hearing aid
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Qualified by operation of (49 CFR 391.403) (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
08/18/2025

Medical Examiner's Signature

Medical Examiner's Name (Print in full)
LAUREN BHATTACHARYA, D.C.

Medical Examiner's State License, Certificate, or Registration Number
11272

Medical Examiner's Telephone Number
713-974-7300

- MD
- Physician Assistant
- Advanced Practice Nurse
- DO
- Chiropractor
- Other Practitioner (Specify) _____

Issuing State
TX

Date Certificate Signed
08/18/2023

National Registry Number
9965295334

Driver's Signature

Driver's License Number
45256388

Issuing State/Province
TEXAS

City
33031 Gassner Ln

City
Brookshire

State/Province
TEXAS

Zip Code
77423

CLP/CDL Applicant/Holder
 Yes No

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Dr. Lauren Bhattacharya, DC (Doctor Of Chiropractic)



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National Registry Number: 9965295334 Certification Date: 03/18/2013
Distance: N/A Business Phone: (713) 974-7300
Business Fax Number: 7139747308
Business Email: drlauren@crownwellnesscenter.com
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