

Public Burden Statement

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

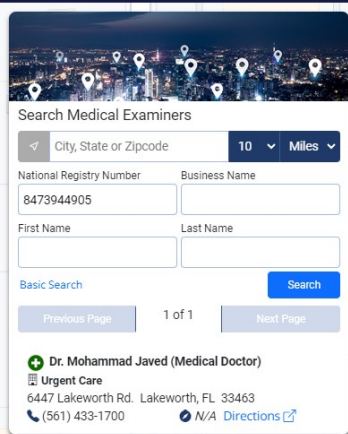
- I certify that I have examined **Last Name:** Pexalta **First Name:** Henry in accordance with (please check only one):
- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check 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 Date07/12/2025

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's Signature**Medical Examiner's Name** (please print or type)**Medical Examiner's State License, Certificate, or Registration Number****Driver's Signature****Driver's Address****Street Address:****Medical Examiner's Telephone Number****Date Certificate Signed**☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Issuing State****National Registry Number****Driver's License Number****Issuing State/Province****CLP/CDL Applicant/Holder**☒ Yes ☐ No

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Search Medical Examiners

National Registry Number


Business Name


First Name

Last Name


Basic Search

1 of 1

 **Dr. Mohammad Javed (Medical Doctor)**

 **Urgent Care**

6447 Lakeworth Rd. Lakeworth, FL 33463

(561) 433-1700  [N/A Directions](#)

