

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

## Public Burden Statement

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Medical Examiner's Certificate  
(for Commercial Driver Medical Certification)I certify that I have examined Last Name: Khelwaty First Name: Sayed 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 ☐ 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

08/09/2026

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Gill, Avneet

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

Q0053

Medical Examiner's Telephone Number

(817)306-9777

Date Certificate Signed

08/09/2024

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

Issuing State

TX

National Registry Number

4060187615

Driver's Signature

Driver's Address

Street Address: 5332 Shady Springs TrlCity: Fort Worth

Driver's License Number

TX39933602

Issuing State/Province

TX

State/Province: TXZip Code: 76179-

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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**Dr. Avneet Gill**  
(Medical Doctor)



Email



Website

**Practice Business Name**

Concentra

**Address**

4060 Sandshell dr fort worth, TX 76137

**Hours of Operation**

m-f 8am-5pm

**National Registry Number**

4060187615

**Certification Date**

10/18/2014

**Distance**

N/A

**Business Phone**

(817) 306-9777

**Business Fax Number**

8173069880

**Business Website**

www.concentra.com

