

Public Burden Statement

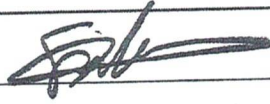
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Medical Examiner's Certificate
(for Commercial Driver Medical Certification)U.S. Department of Transportation
Federal Motor Carrier
Safety AdministrationI certify that I have examined **Last Name:** Espinosa Melendez **First Name:** Hector in accordance with (please check only one):

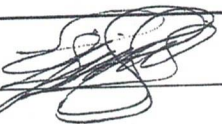
- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State 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
11/06/2026**Medical Examiner's Signature****Medical Examiner's Telephone Number**
(973) 246-9355**Date Certificate Signed**
11/06/2024**Medical Examiner's Name (please print or type)**Fadi Sarkis

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

Medical Examiner's State License, Certificate, or Registration Number38MC00715400**Issuing State**New Jersey**National Registry Number**9112507585**Driver's Signature****Driver's License Number**E80533207104792**Issuing State/Province**New Jersey**Driver's Address****Street Address:** 72 New Lawn Ave APT 2**City:** Kearny**State/Province:** NJ**Zip Code:** 07032**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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Dr. Fadi Sarkis
(Doctor Of Chiropractic)



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Website

Practice Business Name
Body Wellness Center

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Hours of Operation
m-t-w-th-f 10-7 sat 9-3

National Registry Number **Certification Date**
9112507585 05/21/2015

Distance **Business Phone**
N/A (973) 246-9355

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