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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) Dede (first name) Mezac 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 391.62) (Federal)  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

03/13/2027

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

3/13/2025 1:45:39 PM

Medical Examiner's Telephone Number

(570) 246-5840

Date Certificate Signed

03/13/2025

Medical Examiner's Name (please print or type)

Steven W. Kreisher, PA-C

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

Issuing State

Pennsylvania

National Registry Number

1715964849

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

OA003034

Driver's License Number

D300540904050

Issuing State/Province

Florida

Driver's Signature

3/13/2025 1:15:50 PM

Driver's Address

Street Address: 13940 North East 10th Avenue

City: Miami

State/Province: FL

Zip Code: 33161

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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 **Mr. Steven Kreisher**  
(Physician Assistant)

[Email](#)[Website](#)**Practice Business Name**

WorkPlace Health

**Address**

55 Patton Drive Milton, PA 17847

**Hours of Operation**

8 to 4:30

**National Registry Number**

1715964849

**Certification Date**

04/05/2014

**Distance**

N/A

**Business Phone**

(570) 246-5840

**Business Fax Number**

5702465865

**Business Email**

skreisher@wphealth.org

