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United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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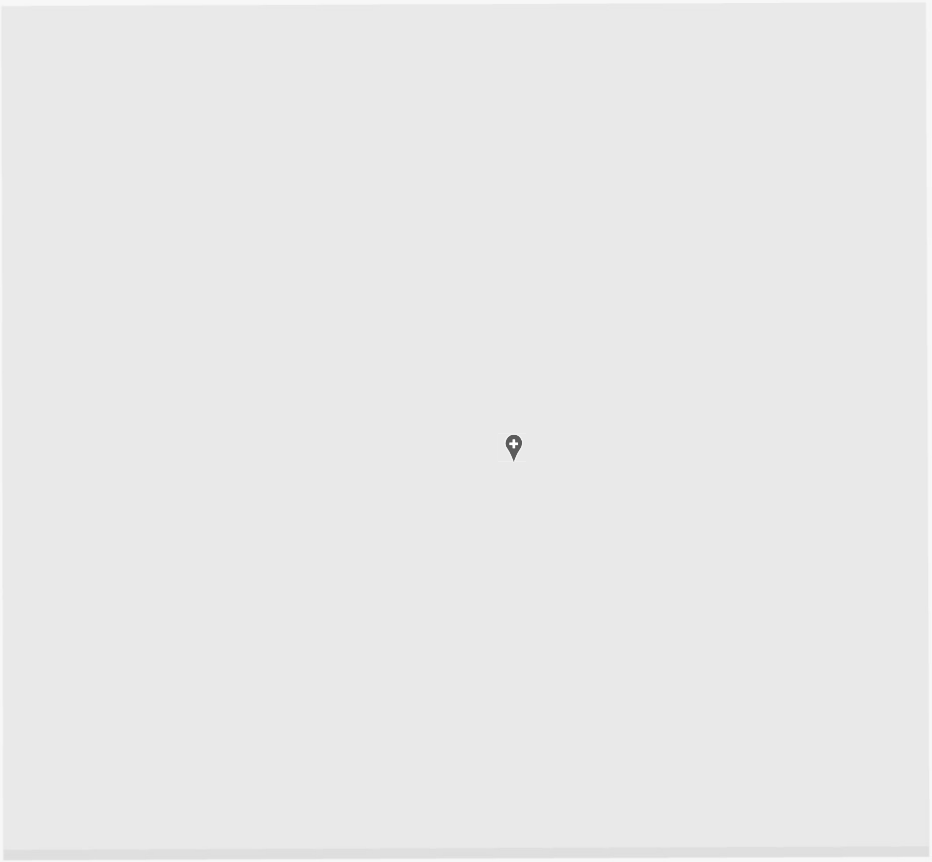
Mr. Preeth Jayaram (Medical Doctor)
Concentra Medical Center
10320 North 56th street, Suite 110 Temple Terrace, FL 33617
(813) 980-3151 *N/A* Directions



U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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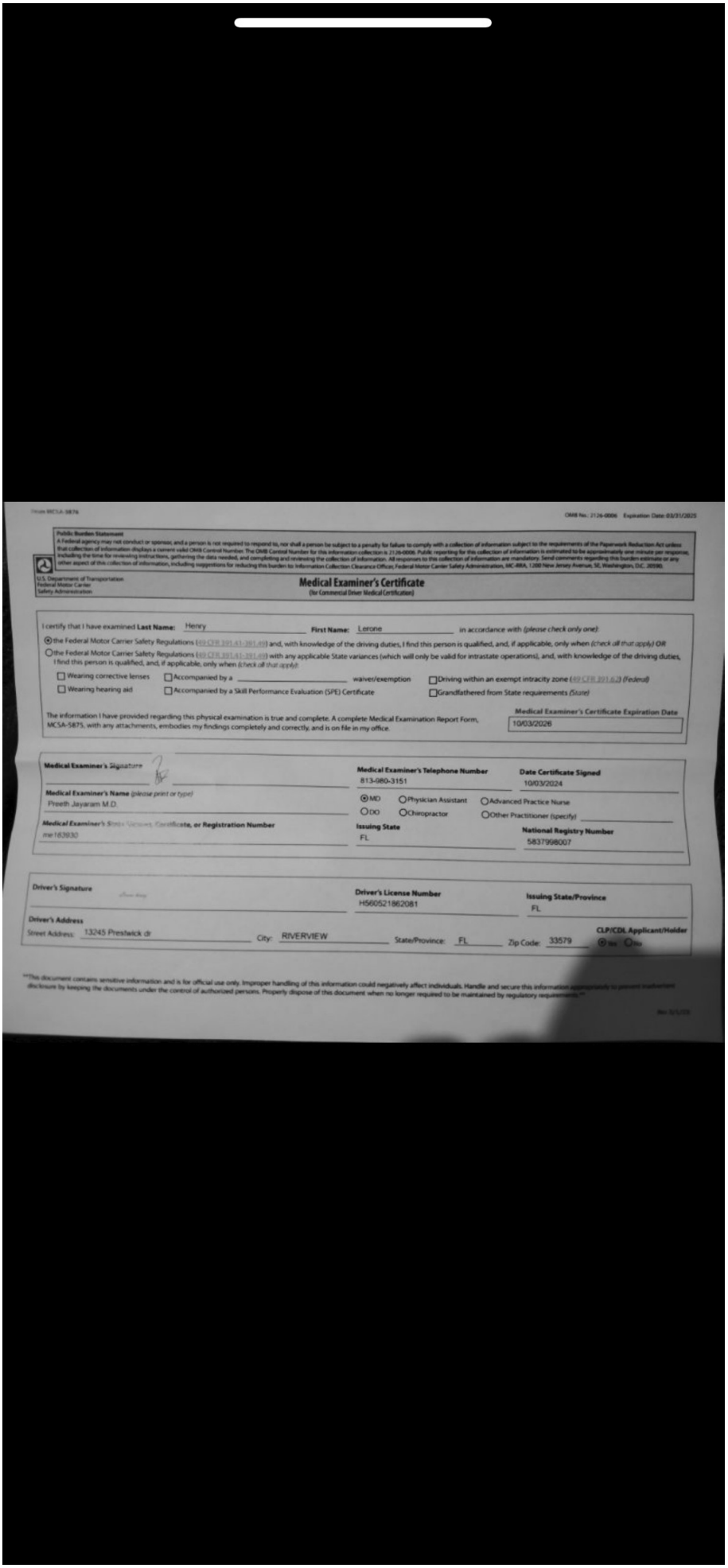

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U.S. Department of Transportation
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Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Henry **First Name:** Lerone 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
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(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: 10/03/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number: 813-980-3151

Date Certificate Signed: 10/03/2024

Medical Examiner's Name *(please print or type)*: Preeth Jayaram M.D.

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

Medical Examiner's State License, Certificate, or Registration Number: me163930

Issuing State: FL

National Registry Number: 5837998007

Driver's Signature

Driver's License Number: H560521862081

Issuing State/Province: FL

Driver's Address
Street Address: 13245 Prestwick dr City: RIVERVIEW State/Province: FL Zip Code: 33579

CLP/CDL Applicant/Holder: (•) Yes ( ) No

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Rev 3/1/19