

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:** Lannaman **First Name:** Akil in accordance with (please check only one):

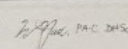
- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State 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

01/23/2027

Medical Examiner's Signature **Medical Examiner's Telephone Number**

407-206-3326

Date Certificate Signed

01/23/2025

Medical Examiner's Name (please print or type)

Wayne Hall PA

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**


PA9105916

Issuing State

FL

National Registry Number

2248245367

Driver's Signature **Driver's License Number**

L555018842140

Issuing State/Province

FL

Driver's Address

Street Address: 900 Bishop Park CT, APT 1012

City: WINTER PARK

State/Province: FL

Zip Code: 32792

CLP/CDL Applicant/Holder☒ Yes ☐ No

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 **Dr. Wayne Hall**
(Physician Assistant)



Email



Website

Practice Business Name
MEDFAST URGENT CARE

Address
275 WEST COCOA BEACH CSWY COCOA
BEACH, FL 32931

Hours of Operation
8am-8pm

National Registry Number 2248245367
Certification Date 03/15/2014

Distance N/A
Business Phone (321) 799-7777

Business Fax Number
3217991550

Business Website
www.medfasturgentcare.com

