

Form MCSA-5875

Last Name: Cernat First Name: Elisei DOB: 08/16/1981 Exam Date: 01/15/2025

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- ☐ Does not meet standards (specify reason): _____
- ☒ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- ☐ Meets standards, but periodic monitoring required (specify reason): _____
- Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____
- ☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)
- ☐ Determination pending (specify reason): _____
- ☐ Return to medical exam office for follow-up on (must be 45 days or less): _____
- ☐ Medical Examination Report amended (specify reason): _____
- (if amended) Medical Examiner's Signature: _____ Date: _____
- ☐ Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: Alexander Underwood

Medical Examiner's Name (please print or type): Alexander Underwood

Medical Examiner's Address: 2032 E Kearney #108 City: Springfield State: MO Zip Code: 65803

Medical Examiner's Telephone Number: (417) 832-8678 Date Certificate Signed: 01/15/2025



Medical Examiner's State License, Certificate, or Registration Number: 2017015689 Issuing State: MO



☒ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): _____

National Registry Number: 6776443538

Medical Examiner's Certificate Expiration Date: 01/15/2027

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 **Dr. Alexander Underwood**
(Medical Doctor)

 Email
 Website

Practice Business Name
KT Health Clinic

Address
2032 E Kearney St. #108 Springfield, MO 65803

Hours of Operation
-

National Registry Number	Certification Date
6776443538	07/31/2018
Distance	Business Phone
N/A	(417) 832-8678
Business Fax Number	
-	
Business Email	
scott.kthealth@outlook.com	

