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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:** FAJARDO MEJIA **First Name:** JOSE 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 ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date
09/14/2025

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  **Medical Examiner's Telephone Number** (630) 986-7501x2 **Date Certificate Signed** 09/14/2023

Medical Examiner's Name (please print or type)
ANTHONY BILOTTA ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse ☒ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number 036073808 **Issuing State** IL **National Registry Number** 6305202909

Driver's Signature  **Driver's License Number** F263421683750 **Issuing State/Province** FL **CLP/CDL Applicant/Holder** ☒ Yes ☐ No

Driver's Address 201 SIMPSON RD **City:** KISSIMMEE **State/Province:** FL **Zip Code:** 34744

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 **Dr. Anthony Bilotta**
(Doctor Of Osteopathy)



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Website

Practice Business Name
Willowbrook Medical Center

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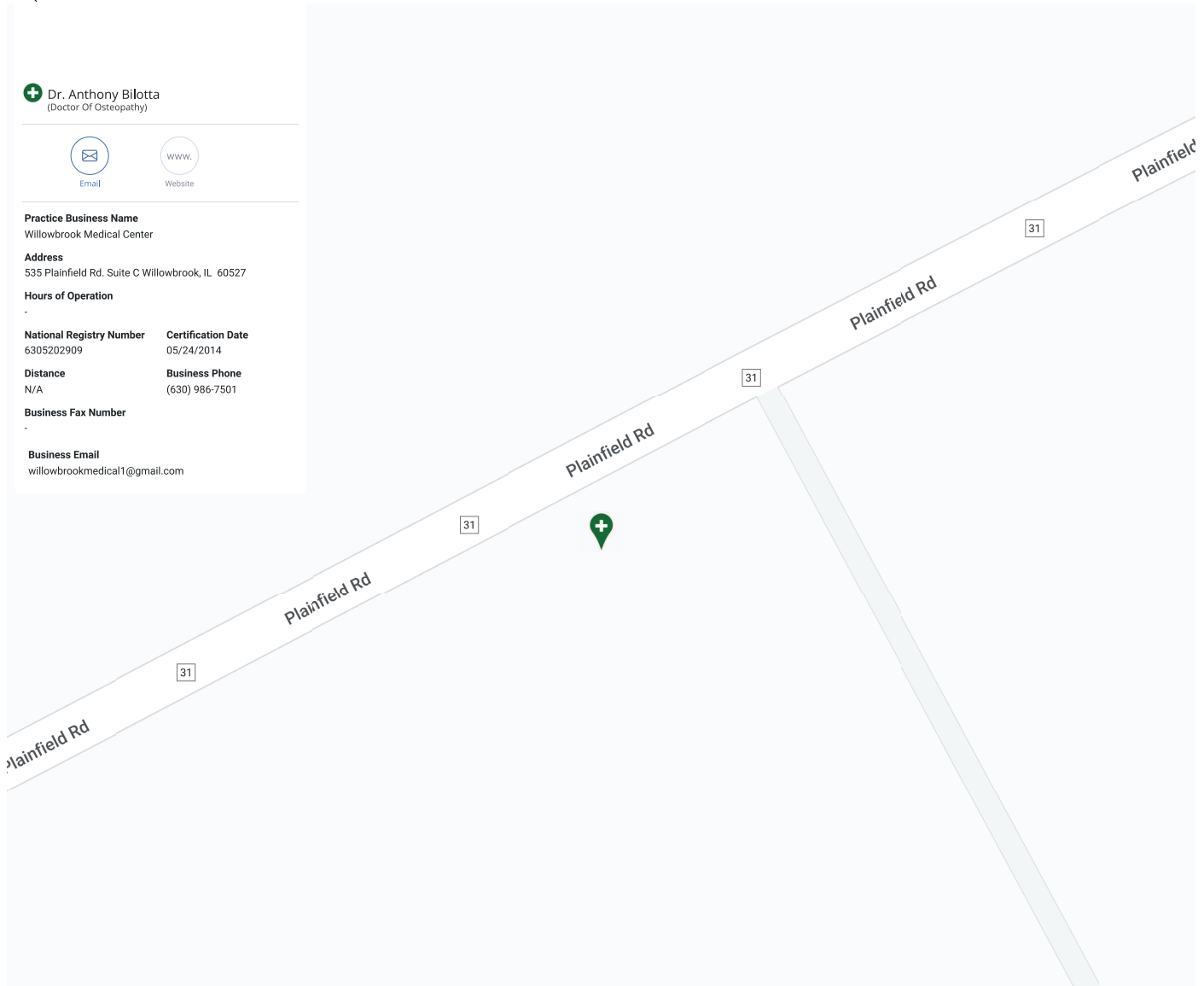
Hours of Operation
-

National Registry Number **Certification Date**
6305202909 05/24/2014

Distance **Business Phone**
N/A (630) 986-7501

Business Fax Number
-

Business Email
willowbrookmedical1@gmail.com



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U.S. DEPARTMENT OF TRANSPORTATION
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