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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:** Byssainthe **First Name:** Fednel 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 intrastate 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)

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 6/1/2024

**Medical Examiner's Signature**

*John Croker*

Medical Examiner's Name (please print or type)

John Croker

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

3333802

Medical Examiner's Telephone Number

(386) 316-5439

Date Certificate Signed

6/1/2022

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

FL

National Registry Number

4692274487

Driver's Signature

*Fednel B*

Driver's License Number

B253240822220

Issuing State/Province

FL

Driver's Address

851 Sw 67th Ave

City: North Lauderdale

State/Province:

FL

Zip Code:

33068

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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## Search Medical Examiners



City, State or Zipcode

10



Miles



National Registry Number

Business Name

4692274487

First Name

Last Name

Basic Search

Search



**Mr. John Croker (Nurse Practitioner)**



**Primary Care Of Orange City**

135 E Minnesota Ave Orange City, FL 32763



(386) 241-0274



N/A

