

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:** Byssanthe **First Name:** Felnel 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)

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**  
5/31/26

|  |   |   |
|--|---|---|
| <b>Medical Examiner's Signature</b><br><u>Jessica Romeo</u>                                  | <b>Medical Examiner's Telephone Number</b><br>407-851-6478  | <b>Date Certificate Signed</b><br>5/31/2024                                       |
| <b>Medical Examiner's Name (please print or type)</b><br>Jessica Romeo                       | <input type="radio"/> MD <input type="radio"/> Physician Assistant <input checked="" type="radio"/> Advanced Practice Nurse | <input type="radio"/> Other Practitioner (specify) _____                          |
| <b>Medical Examiner's State License, Certificate, or Registration Number</b><br>APRN 9403619 | <b>Issuing State</b><br>Florida   | <b>National Registry Number</b><br><input checked="" type="checkbox"/> 1478882250 |

|  |  |  |
|--|--|--|
| <b>Driver's Signature</b><br><u>Felnel B</u>   | <b>Driver's License Number</b><br><u>D253-240-82-222-0</u>                                       | <b>Issuing State/Province</b><br><u>FL</u> |
| <b>Driver's Address</b><br>Street Address: <u>851 SW 67th Ave</u> City: <u>North Lauderdale</u> State/Province: <u>FL</u> Zip Code: <u>33068</u> | <b>CLP/CDL Applicant/Holder</b><br><input checked="" type="radio"/> Yes <input type="radio"/> No |  |

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←  
+ Jessica Romeo  
(Nurse Practitioner)

Not accepting examination requests at this time. Please do not contact to schedule an examination.

National Registry Number  
1478882250

Certification Date  
02/24/2020

