

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:** Byssanth **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
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Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Jessica Romeo

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

APRN 9403619

Medical Examiner's Telephone Number

407-851-6478

Date Certificate Signed

5/31/2024

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

Florida

National Registry Number

☒ 1478882250

Driver's Signature

Driver's License Number

B253-240-82-222-0

Issuing State/Province

FL

Driver's Address

Street Address: 851 SW 67th Ave

City: North Lauderdale

State/Province: FL

Zip Code: 33068

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Rev 3/29/22



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

