Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 12/31/2024

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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: **ACOSTA SOSA** First Name: **ARMANDO** in accordance with (please check only one):

- [X] the Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when [illegible] OR
- [ ] the Federal Motor Carrier Safety Regulations [illegible] 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 [illegible]

- [X] Wearing corrective lenses
- [ ] Wearing hearing aid
- [ ] Accompanied by a ____________ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone [illegible]
- [ ] Qualified by operation of [illegible]
- [ ] Grandfathered from State requirements [illegible]

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: **05/23/2025**

Medical Examiner's Signature:

Medical Examiner's Telephone Number: **713-974-7300**

Date Certificate Signed: **05/23/2023**

Medical Examiner's Name (please print or type): **LAUREN BHATTACHARYA, D.C.**

- [ ] MD
- [ ] DO
- [ ] Physician Assistant
- [X] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: **11272**

Issuing State: **TX**

National Registry Number: **9965295334**

Driver's Signature:

Driver's License Number: **34846061**

Issuing State/Province: **TEXAS**

Driver's Address

Street: **21703 Manitou Falls** City: **Katy** State/Province: **TEXAS** Zip Code: **77449**

CLP/CDL Applicant/Holder: [X] Yes [ ] No

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Rev 1/5/22

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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Dr. Lauren Bhattacharya, DC
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Crown Wellness Center

Address
777 S Fry Rd Ste 103 Katy, TX 77450

Hours of Operation
mon-fri 8am-7pm sat 9am-1pm

National Registry Number
9965295334

Certification Date
03/18/2013

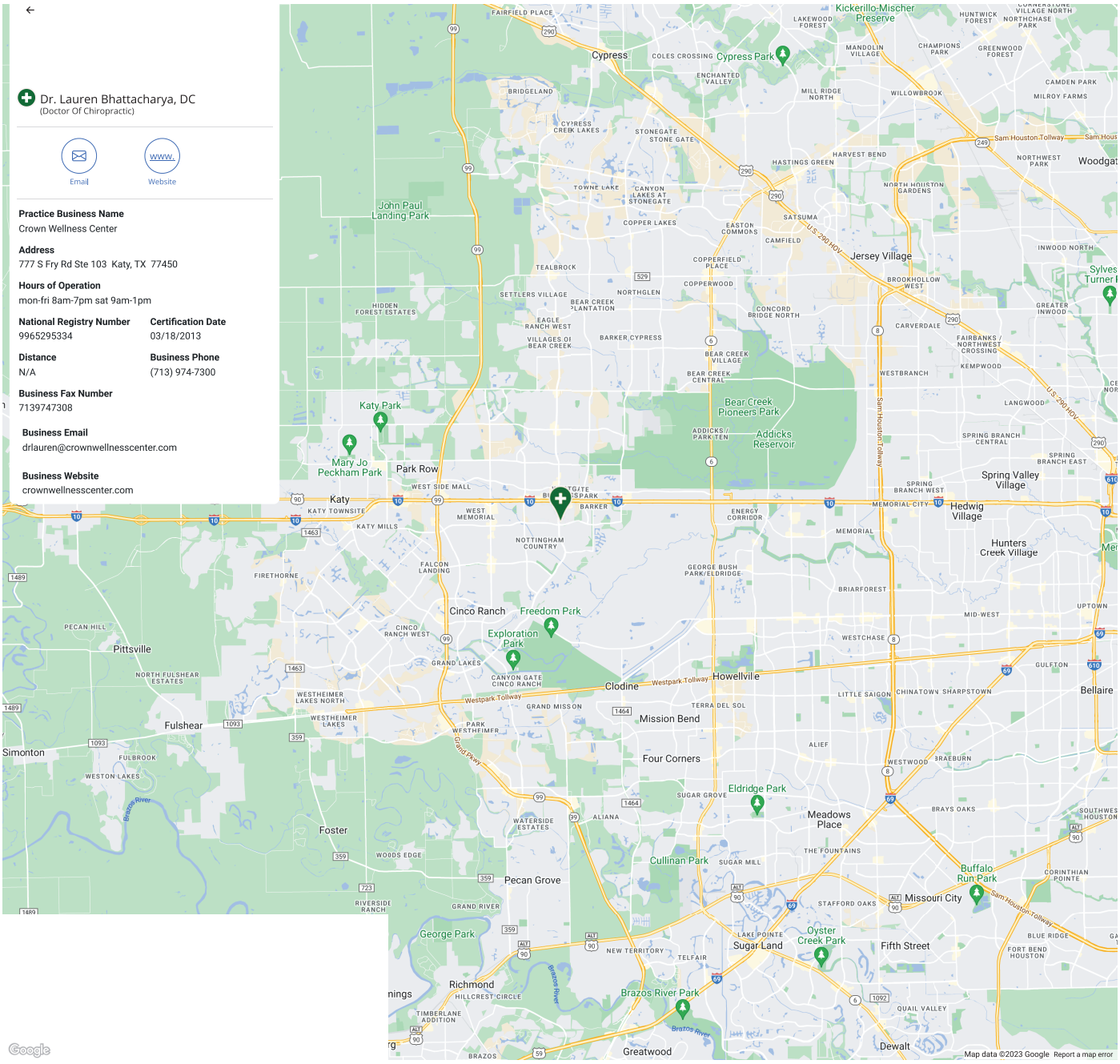
Distance
N/A

Business Phone
(713) 974-7300

Business Fax Number
7139747308

Business Email
drlauren@crownwellnesscenter.com

Business Website
crownwellnesscenter.com



U.S. DEPARTMENT OF TRANSPORTATION
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