

## Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-48A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



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: THOMAS JR First Name: LARRY 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

5/5/2025

Medical Examiner's Signature

Medical Examiner's Telephone Number

724-225-3627

Date Certificate Signed

5/5/2023

Medical Examiner's Name (please print or type)

Michelle Herbster

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

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

MA052624

Issuing State

PA

National Registry Number

7967201689

Driver's Signature

Driver's License Number

T520530922590

Issuing State/Province

FL

Driver's Address

Street Address: 915 WILSON RIDGE RD, APPT 2013 City: ORLANDO State/Province: FL Zip Code: 32818 CLP/CDL Applicant/Holder ☒ Yes ☐ No

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*



 **Mrs. Michelle Herbster**  
(Physician Assistant)



Email



Website

**Practice Business Name**  
MedExpress

**Address**  
460 Washington Rd Suite 7 Washington, PA 15301

**Hours of Operation**  
-

**National Registry Number**    **Certification Date**  
7967201689                      06/02/2015

**Distance**                              **Business Phone**  
N/A                                      (724) 225-3627

**Business Fax Number**  
-



Map data ©2023 Google [Report a map error](#)

U.S. DEPARTMENT OF TRANSPORTATION  
**Federal Motor Carrier Safety Administration**  
1200 NEW JERSEY AVENUE, SE  
WASHINGTON, DC 20590  
1-800-832-5660

Subscribe To Email Updates



**About**  
[About FMCSA](#)  
[Regulations](#)  
[Safety](#)  
[Analysis](#)  
[FMCSA Portal](#)

**News and Events**  
[FMCSA Newsroom](#)  
[Press Releases](#)  
[Speeches](#)  
[Testimony](#)  
[Emergency Declarations](#)

**Resources**  
[Career Center](#)  
[Resources for Carriers](#)  
[Resources for Consumers](#)  
[Resources for Drivers](#)  
[Forms](#)

**Policies, Rights, Legal**  
[About DOT](#)  
[Budget and Performance](#)  
[Civil Rights](#)  
[FOIA](#)  
[Information Quality](#)