Form MCSA-5876

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

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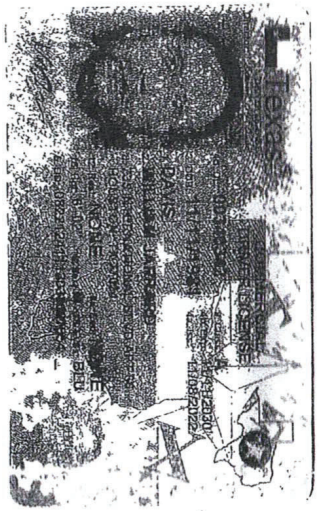
U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)



I certify that I have examined **Last Name:** Davis **First Name:** William 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: 02/22/2025

Medical Examiner's Signature: Rakesh Bhattacharya

Medical Examiner's Telephone Number: (713) 974-7300

Date Certificate Signed: 02/22/2023

Medical Examiner's Name *(please print or type)*: Rakesh Bhattacharya

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO (•) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: 11895

Issuing State: Texas

National Registry Number: 1874371909

Driver's Signature: William Davis

Driver's License Number: 00340342

Issuing State/Province: Texas

Driver's Address
Street Address: 735 International Blvd Apt 66 City: Houston State/Province: TX Zip Code: 77024

CLP/CDL Applicant/Holder (•) Yes ( ) No

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Rev 1/5/22

FMCSA
Federal Motor Carrier Safety Administration

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Dr. Rakesh Bhattacharya
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Crown Wellness Center

Address
777 S Fry Rd Ste 103 Katy, TX 77450-2297

Hours of Operation
8:00am - 5:00pm

National Registry Number
1874371909

Certification Date
03/18/2013

Distance
N/A

Business Phone
(713) 974-7300

Business Fax Number
7139747308

Business Email
rakeshdc@crownwellnesscenter.com

Business Website
www.drrockdc.com