

## 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 that does not have a currently valid OMB Control Number. The OMB Control Number for this collection of information is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 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 Officer, Federal Motor Carrier Safety Administration, MC-99, 1200 New Jersey Avenue, SE, Washington, DC 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:** Elta **First Name:** Ayman 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 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operation).

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
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.49
- ☐ Grandfathered from State requirements

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.

NM

Medical Examiner's Certificate Expiration Date  
3-11-2024

Medical Examiner's Signature

Cheryl Carney CRNF

Medical Examiner's Name (please print or type)

Cheryl Carney CRNF

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

48006929B

Medical Examiner's Telephone Number

570-822-8831

☐ MD ☐ Physician Assistant

☐ DO ☐ Chiropractor

☒ Advanced

☐ Other Practitioner

Issuing State

PA

Driver's Signature

[Signature]

Driver's License Number

000029480

Driver's Address

1707 Elkhart Dr

City Brennabor

State/Province NC

Street Address:

Zip Code

Subject to the requirements of the Paperwork Reduction Act unless information is estimated to be approximately 1 minute per response, 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 Officer, Federal Motor Carrier Safety Administration, MC-99, 1200 New Jersey Avenue, SE, Washington, DC 20590.

licable, only when (check all that apply) OR (ns), and, with knowledge of the driving duties.

(49 CFR 391.62) (Federal)

(Federal)

(State)

Medical Examiner's Certificate Expiration Date

3-11-2024

ate Certificate Signed

3-11-2022

Practice Nurse

itioner (specify)

ational Registry Number

753461817

uing State/Province

NC

CLP/CDL Applicant/Holder

Yes ☒ No ☐