



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 if it does not display this statement and the collection of information displays a current valid OMB Control Number.

OMB Control Number for this information collection is 2125-0006. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering the data needed, reviewing 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-488A, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

I certify that I have examined Last Name: Rejouis First Name: Harold 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 391.61 (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: 8/19/2024

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 815-302-7246 Date Certificate Signed: 8/19/2024

Medical Examiner's Name (please print or type): DR DOUGLAS CLEARWATER DE
 MD Physician Assistant Advanced Practice Nurse
 DO Chiropractor Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 118998 Issuing State: FL National Registry Number: 7114392130

Driver's Signature: Harold Rejouis Driver's License Number: 1220-340-86-129-0 FL Issuing State/Province: FL

Driver's Address: 1115 Lakewood Pointe Dr 301 Seffner State/Province: FL Zip Code: 34691 CLP/CDL Applicant/Holder: Yes No

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