

Public Burden Statement

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

Medical Examiner's Certificate

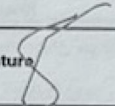
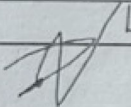
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** QARAJA **First Name:** MUTASEM 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 Date10/16/2025**Medical Examiner's Signature** **Medical Examiner's Telephone Number**614-921-0648**Date Certificate Signed**10/16/2023**Medical Examiner's Name (please print or type)**Andrew Krofft☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____**Medical Examiner's State License, Certificate, or Registration Number**50.003588RX**Issuing State**OH**National Registry Number**7323669413**Driver's Signature** **Driver's License Number**SR468235**Issuing State/Province**OH**Driver's Address****Street Address:** 2348 HEATHCHASE DR**City:** HILLIARD**State/Province:** OH**Zip Code:** 43026**CLP/CDL Applicant/Holder**☒ Yes ☐ No

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