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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: MUZZARELLI First Name: HUSEIN in accordance with (please check only one):

- ☒ The Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) 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 391.41-391.45) with any applicable State variances (which will only be valid for interstate 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 intrastate zone (49 CFR 391.63) (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-5475, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

4-20-2018

Medical Examiner's Signature

[Signature]

Medical Examiner's Telephone Number

281 679-5600

Date Certificate Signed

4-20-2016

Medical Examiner's Name (please print or type)

Testamarian Tedia, MD

- ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
- ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

NH781

Issuing State

TX

National Registry Number

3907932158

Driver's Signature

[Signature]

Driver's License Number

17841523

Issuing State/Province

TX

Driver's Address

13906 BOLLAR PLACE

City

HOUSTON

State/Province: TX

Zip Code: 77077

CLP/CDL Applicant/Holder
☒ Yes ☐ No