

Form MCSA-5876

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

OMB No: 2126-0006 Expiration Date: 03/31/2025

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

I certify that I have examined Last Name: Pestana First Name: Armando 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 ☐ 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

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

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

Driver's Signature

Driver's Address

Street Address:

Medical Examiner's Telephone Number

Date Certificate Signed

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

Issuing State

National Registry Number

Driver's License Number

Issuing State/Province

CLP/CDL Applicant/Holder

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Dr. Mohammad Javed
(Medical Doctor)



Email



Website

Practice Business Name
Urgent Care

Address
6447 Lakeworth Rd. Lakeworth, FL 33463

Hours of Operation
-

National Registry Number **Certification Date**
8473944905 06/05/2014

Distance **Business Phone**
N/A (561) 433-1700

Business Fax Number
5616427587

Business Email
javed33463@gmail.com

