Form MCSA-5876

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

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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:** Velasco **First Name:** Marcos 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ 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 Date: 01-28-2025

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (909)605-9713

Date Certificate Signed: 01-28-2023

Medical Examiner's Name *(please print or type)*: Kaneyalal Bhagwanji Tejura

(●) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: A30962

Issuing State: California

National Registry Number: 5224050130

Driver's Signature: [signature]

Driver's License Number: D4109859

Issuing State/Province: California

Driver's Address
Street Address: 6727 Darby Ave. #202 City: Reseda State/Province: CA Zip Code: 91335

CLP/CDL Applicant/Holder: (●) Yes ( ) No

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Rev 3/29/22

Dr. KANEYALAL TEJURA
(Medical Doctor)

Email Website

Practice Business Name
K.B.TEJURA,M.D., MED. CORP.

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Hours of Operation
-

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5224050130

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05/14/2013

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