Form MCSA-5876

[illegible]

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: Winters First Name: Antonio in accordance with (please check only one):

- (●) the Federal Motor Carrier Safety Regulations ([illegible]) and, with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when (check all that apply) [illegible]
- ( ) the Federal Motor Carrier Safety Regulations ([illegible]) 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 ([illegible]) (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: 02/12/2026

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (951) 538-5517

Date Certificate Signed: 02/12/2024

Medical Examiner's Name (please print or type): Arman Ghods

( ) MD ( ) Physician Assistant ( ) Advanced Practice Nurse

( ) DO (■) Chiropractor ( ) Other Practitioner (specify) ______

Medical Examiner's State License, Certificate, or Registration Number: 26827

Issuing State: CA

National Registry Number: 7855645511

Driver's Signature: [signature]

Driver's License Number: E3100971

Issuing State/Province: CA

Driver's Address

Street Address: 6879 Lancelot Dr City: Eastvale State/Province: CA Zip Code: 92880

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

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

[illegible]

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Dr. Arman Ghods
(Doctor Of Chiropractic)

Email Website

Practice Business Name
Ghods Chiropractic

Address
4070 Etiwanda Ave Unit C Jurupa Valley, CA 91752

Hours of Operation
9:30am-6:00pm

National Registry Number
7855645511

Certification Date
12/11/2014

Distance
N/A

Business Phone
(951) 638-5517

Business Fax Number
9517424006

Business Email
drghods@yahoo.com

Business Website
www.drarmanghods.com