

OMB No. 2128-0006

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Form MCSA-5875

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

CMV DRIVER CERTIFICATION

I certify that I have examined

☒ the Federal Motor Carrier Safety Regulations☐ the Federal Motor Carrier Safety Regulations only when it has been updated☐ Wearing corrective lenses☐ Wearing hearing aid**Medical Examiner's Certificate**

(For Commercial Driver Medical Certification)

Last Name

Harrison

First Name

Dontez

in accordance with (please check only one):

☒ I am a licensed medical professional and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR☐ I am not a licensed medical professional and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR☐ Accompanied by a waiver/exemption (specify type):☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate☐ Driving within an exempt intracity zone (Federal)☐ Qualified by operation of (Federal)☐ Grandfathered from State requirements (State)

Sign this physical examination as true and complete. A complete Medical Examination Report Form, MCSA-5875, must be completed and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

07/14/2023

ADDITIONAL INFORMATION**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

(print or type)

Medical Examiner's Name (please print)

Keramat, Margid

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

35-131531

Medical Examiner's Telephone Number

(216) 749-2730

Date Certificate Signed

07/14/2022

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

Issuing State

OH

National Registry Number

7332455541

Driver's License Number

Tw639323

Issuing State/Province

OH

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address

Box 823

City: Lakewood

State/Province: OH

Zip Code: 44107

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Search Medical Examiners

National Registry Number Business Name

First Name Last Name

Basic Search

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 **Dr. Magid Keramati (Medical Doctor)**
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