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:** Peralta **First Name:** Henry 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)*

Medical Examiner's Certificate Expiration Date 07/12/2025

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 Signature [signature]

Medical Examiner's Telephone Number 561-969-1595 **Date Certificate Signed** 07/12/2023

Medical Examiner's Name *(please print or type)* Mohammad T. Javed

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

Medical Examiner's State License, Certificate, or Registration Number MT11079 **Issuing State** FL **National Registry Number** 8473944905

Driver's Signature Henry peralta **Driver's License Number** P643380860420 **Issuing State/Province** FL

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

Driver's Address Street Address: 4202 Hayhurst St City: Lake worth State/Province: FL Zip Code: 33461

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Rev 3/29/22

United States Department of Transportation

FMCSA
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Dr. Mohammad Javed (Medical Doctor)
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