

Public Burden Statement

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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:** Castaneda **First Name:** Efrén 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 ☐ 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
10/30/2025

Medical Examiner's Signature <u>[Signature]</u>	Medical Examiner's Telephone Number <u>(909) 620-8887</u>	Date Certificate Signed <u>10/30/2023</u>
Medical Examiner's Name (please print or type) <u>James K Cheung</u>	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse	
	<input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number <u>PA20865</u>	Issuing State <u>CA</u>	National Registry Number <u>3328050493</u>

Driver's Signature <u>[Signature]</u>	Driver's License Number <u>B9129960</u>	Issuing State/Province <u>CA</u>
Driver's Address Street Address: <u>875 Patrick Ave</u> City: <u>Pomona</u> State/Province: <u>CA</u> Zip Code: <u>91767</u>	CLP/CDL Applicant/Holder <input checked="" type="radio"/> Yes <input type="radio"/> No	



Mr. James Cheung
(Physician Assistant)



Email



Website

Practice Business Name

Proactive Work Health Services

Address

502 Garey Ave. Pomona, CA 91766

Hours of Operation

7days week, 7a-10pm

National Registry Number

9928050493

Certification Date

10/10/2014

Distance

N/A

Business Phone

(909) 620-8887

Business Fax Number

9096208817

Business Email

jcheung@proactiveworks.net

