Form	MCSA-	5876

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U.S. Department of Transportation Medical Exam	niner's Certificate iver Medical Certification)
I certify that I have examined Last Name: Castaned 9 First Name:	the place with (please check only one):
• the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the	
O the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State v I find this person is qualified, and, if applicable, only when (check all that apply):	ariances (which will only be valid for intrastate operations), and, with knowledge of the driving duties,
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) Cer	tificate Qualified by operation of <u>49 CFR 391.64</u> (Federal)
	Grandfathered from State requirements (State)
The information I have provided regarding this physical examination is true and complete. A com MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file	Delete Medical Examination Report Form, in my office.
Medical Examiner's Signature	Medical Examiner's Telephone NumberDate Certificate Signed(907) 620-888710/30/2023
Medical Examiner's Name (please print or type)	OMD OPhysician Assistant O Advanced Practice Nurse
James K Cheung	O DO O Chiropractor O Other Practitioner (specify)
Medical Examiner's State License, Certificate, or Registration Number	Issuing State National Registry Number
PA20865	CA 3328050 493
Driver's Signature	Driver's License Number B012-0960
Driver's Address Street Address: 875 Patrick AVE City: POMONO	State/Province: State/Provin
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Hr. James Cheung (Physician Assistant)	White Ave S H	Memorial-Park W 3rd St	о - Со	W 3rd St E	3rd St	St S Linde		E 3rd St 4th St	La Me
Email Website	untington St	W 4th St	W Mission Blvd W M	W 4th St & 4t		4th St کې E Mission	Bivd	E Mission Blvd	န္က E Mission Blvo မ္က
Practice Business Name Proactive Work Health Services	S White Ave	W 6th St	Superior Court	Pomona vul	blic Library B	S Li	eanor St	owne E 6th St ell St	n Antonio Av
Address 502 Garey Ave. Pomona, CA 91766 Hours of Operation	ŝt	W 7th St	W.7th	arey Ave St S Thom	7th St	음 또 Eighth St	E 7th St	E 7th St O Fighth St	Eighth St
7days week, 7a-10pm National Registry Number Certification Date 9928050493 10/10/2014	Semillas Community Garden	W 8th St	S Main St S Park Ave	8 오 Ninth St	S Gibbs St	S Palomares	e St S Eleanor St	Ave	
DistanceBusiness PhoneN/A(909) 620-8887		White Ave Re	or Gordo	W 10th St 아	E 10th St	었 E 10th S		S TOWN	Sarvodaya Farms and Nursery
Business Fax Number 9096208817 Business Email		W 11th St CC	ភ្ ទ្ធ W 11th	nas St	E 11th St E 12th St			2 12th St	Ruisery
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