

Form MCSA-5876

OMB No. 2126-0006

Expiration Date 3/31/2025

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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: CRUE SANCHEZ First Name: JUAN 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 the 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 (State)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

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

Medical Examiner Phone Number

Date Certificate Signed

Medical Examiner's Name

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

Medical Examiner State Lic, Certificate, or Reg. Number

Issuing State

National Registry Number

Issuing State/Province

Driver's Signature

Driver's License Number

CLP/CDL Applicant/Holder

Driver's Address

State

Zip Code

☒ Yes ☐ No

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Search Medical Examiners

National Registry Number

Business Name

8568739525

First Name

Last Name

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 **Dr. Daniel Kogan (Doctor Of Osteopathy)**

 **Medex Urgent Care**

15200 Bustleton Avenue Philadelphia, PA 19114

 (215) 376-3339

 N/A [Directions](#) 





Dr. Daniel Kogan
(Doctor Of Osteopathy)



Email



Website

Practice Business Name

Medex Urgent Care

Address

15200 Bustleton Avenue Philadelphia, PA 19114

Hours of Operation

-

National Registry Number

8568739525

Certification Date

01/18/2023

Distance

N/A

Business Phone

(215) 376-3339

Business Fax Number

8773498376

Business Email

dankgn@gmail.com

Business Website

www.medexurgentcare.com



Query Detail

Query Overview

Employer Conducting Query: RIKI TRANSPORTATION INC (USDOT# 3119062)

Query Result: Driver Not Prohibited

Query Status: Completed (8/21/2024 11:03:36)

Conducted By: RADOSLAV KOVACEVIC

Query Type: Pre-employment

Query Submitted: Manually

Driver Information

Name: JUAN CRUZ SANCHEZ

Date of Birth: 1/11/1989

CDL/CLP ⓘ: US-PA-31380196

Consent Information

Requested: 8/21/2024 10:12:46

Recorded: 8/21/2024 11:03:36

Status: Provided

Query History

Created: 8/21/2024 10:12:46

Completed: 8/21/2024 11:03:36

Query Result: Driver Not Prohibited

LEARN MORE

 [The Return-to-Duty Process](#)

Open Violations

No Open Violations