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National Registry Number

Business Name

7217367711

First Name

Last Name

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[Next Page](#)**+ Ms. Edith Schafer (Nurse Practitioner)** **Concentra**

1524 Normandy Village

Pky Jacksonville, FL 32221

(904) 482-1400

N/A [Directions](#) 

Google

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Form MCSA-5876

OMB No.: 2125-0006 Expiration Date: 03/31/2025

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MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Paez (first name) Yasser 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 ☐ Accompanied by a waiver/exemption (specify type): ☐ 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
06/20/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature [Signature] Medical Examiner's Telephone Number (904)482-1400 Date Certificate Signed 06/20/2023

Medical Examiner's Name (please print or type) Schafer, Edith ☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number APRN9342788 Issuing State FL National Registry Number 7217367711

CMV DRIVER INFORMATION

Driver's Signature [Signature] Driver's License Number FLP246965894280 Issuing State/Province FL

Driver's Address Street Address: 4599 Pine Ridge Pkwy City: Middleburg State/Province: FL Zip Code: 32068 CLP/CDL ☒ Yes ☐ No

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