NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

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National Registry Number: 7217367711

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First Name:

Last Name:

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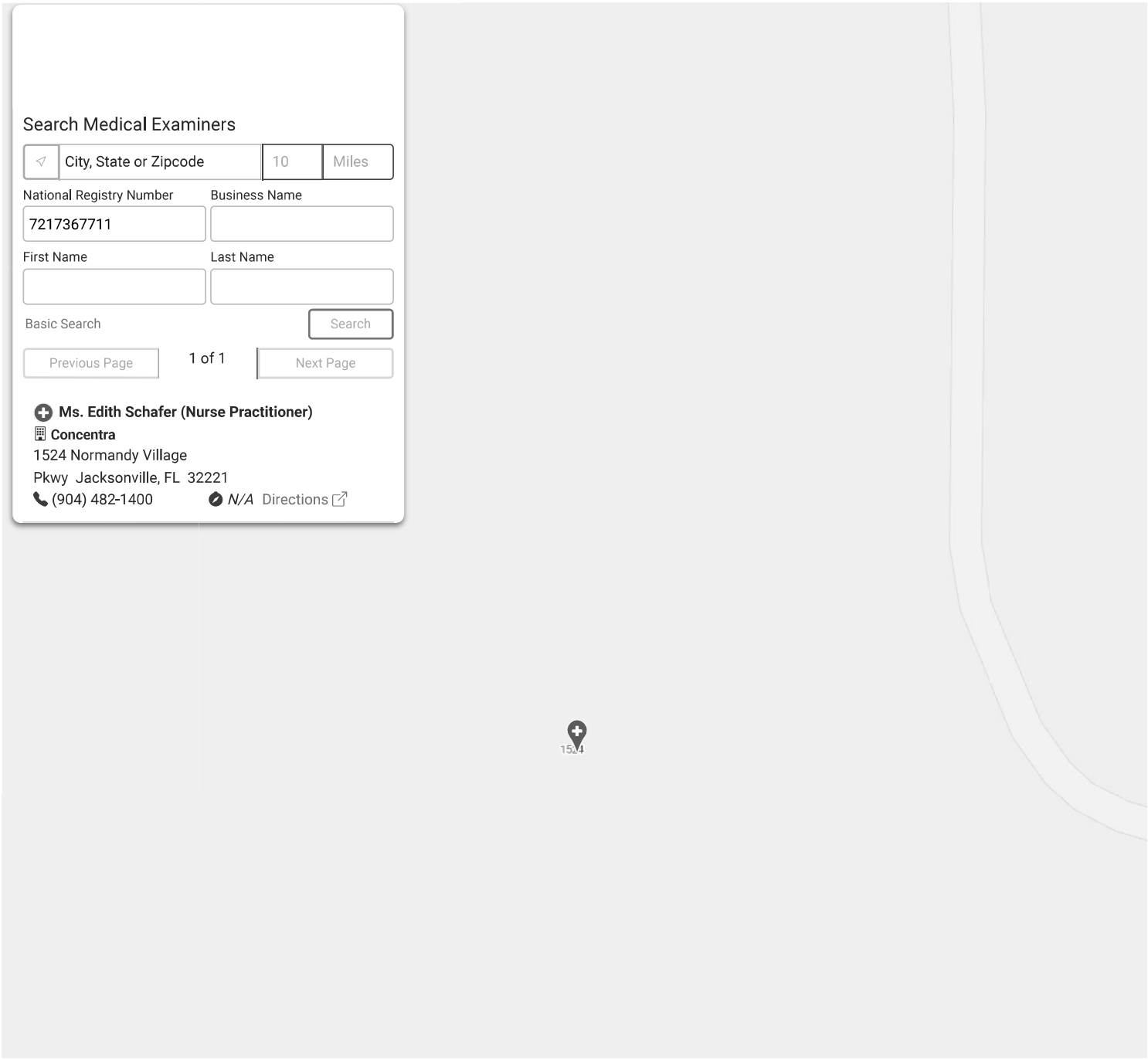
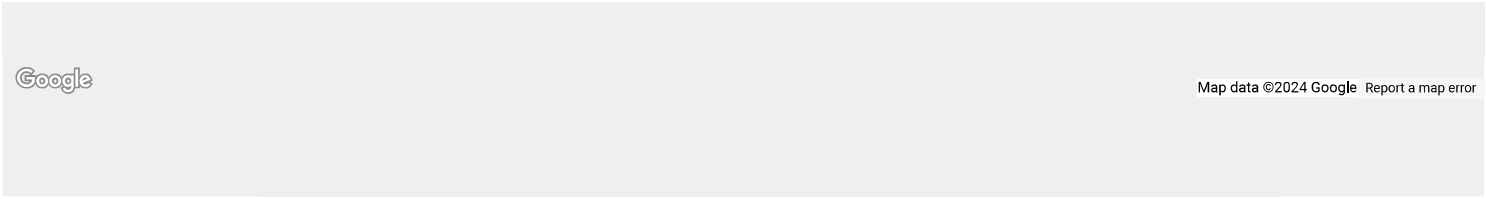
Ms. Edith Schafer (Nurse Practitioner)
Concentra
1524 Normandy Village
Pkwy Jacksonville, FL 32221
(904) 482-1400 *N/A* Directions

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Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

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
☐ Wearing hearing aid
☐ Accompanied by a waiver/exemption (*specify type*): _____
☐ 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)*

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: YASSER PAEZ
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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