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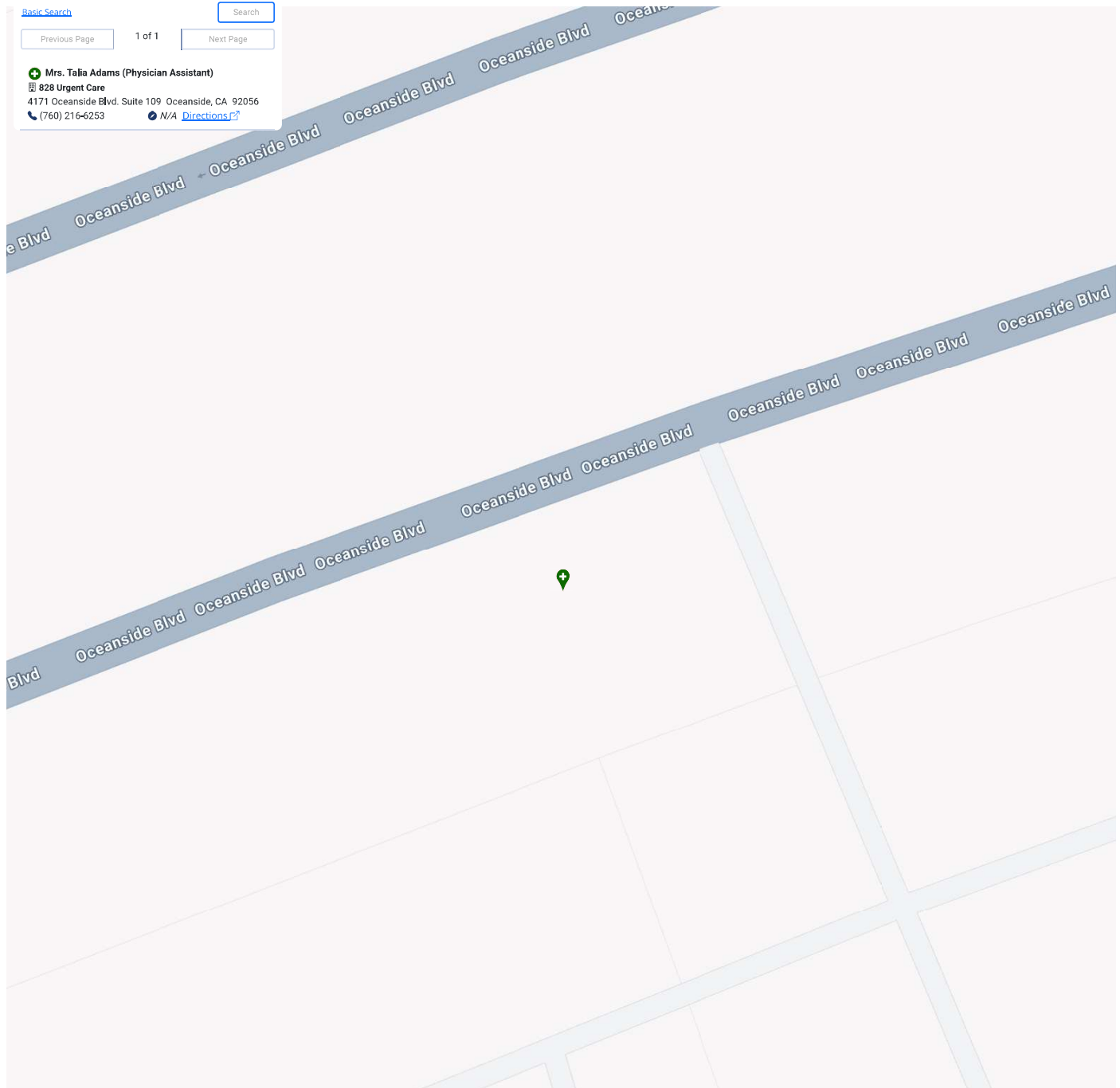
National Registry Number	Business Name
<input type="text" value="3782024411"/>	<input type="text"/>

First Name	Last Name
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 **Mrs. Talia Adams (Physician Assistant)**
 **828 Urgent Care**
4171 Oceanside Blvd, Suite 109 Oceanside, CA 92056
 (760) 216-6253  *N/A* [Directions?](#)





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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
1-800-832-5660

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- Resources for Carriers
- Resources for Consumers
- Resources for Drivers
- Forms
- Contact Us
- Trending Topics

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- Budget and Performance
- Civil Rights
- FOIA
- Information Quality
- No FEAR Act
- Office of Inspector General
- Privacy Policy
- Vulnerability Disclosure Policy
- USA.gov
- Web Policies and Notices
- Web Standards

Form MCSA-5876

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

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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: Padron** **First Name: Yoenis** 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 ☐ 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

04/29/2025

Medical Examiner's Signature**Medical Examiner's Telephone Number**

(760) 216-6253

Date Certificate Signed

04/29/2024

Medical Examiner's Name (please print or type)

TALIA ADAMS

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

Medical Examiner's State License, Certificate, or Registration Number

52515

Issuing State

CA

National Registry Number

3782024411

Driver's Signature**Driver's License Number**

P365-960-83-094-1

Issuing State/Province

FL

Driver's Address

Street Address: 1120 51st Ave e

City: Bradenton

State/Province: FL

Zip Code: 34203-0000

CLP/CDL Applicant/Holder☒ Yes ☐ No

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Rev
3/1/23