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City, State or Zipcode

10

Miles

National Registry Number

Business Name

1921093758

First Name

Last Name

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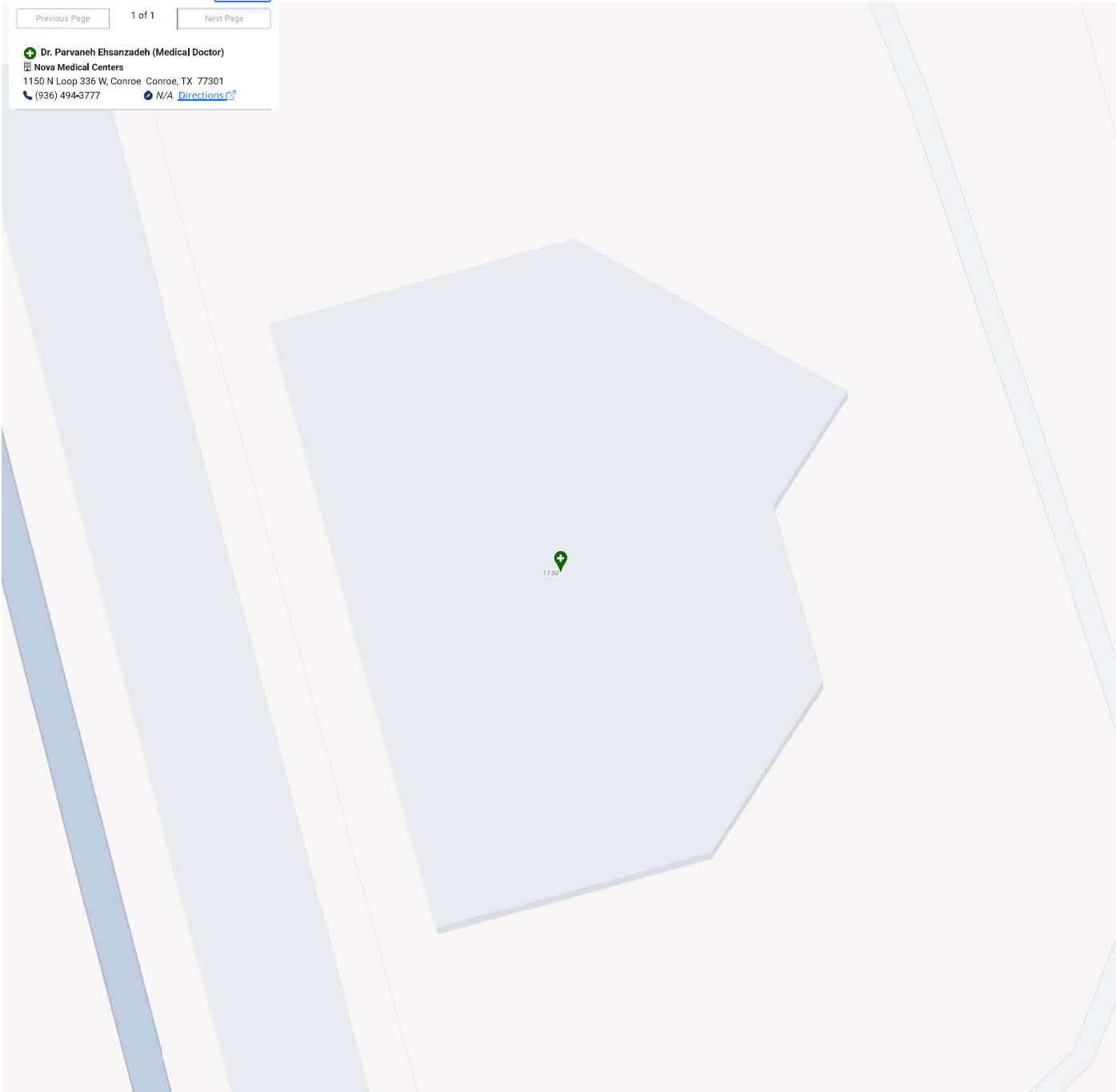
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 **Dr. Parvaneh Ehsanzadeh (Medical Doctor)**

 **Nova Medical Centers**

1150 N Loop 336 W, Conroe, TX 77301

 (936) 494-3777    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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Form MCSA-5876

OMB No. 2126-0098 Expiration Date: 3/31/2026



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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: Lugo First Name: Celio 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 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 be only 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 requirement (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  
10/29/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number  
936-484-3777

Date Certificate Signed  
10/29/2024

Medical Examiner's Name (please print or type)

Parvaneh Ehsanzadeh Cheshmeh, MD

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

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

Q7183

Issuing State

TX

National Registry Number

1921093758

Driver's Signature

Driver's License Number  
23089565

Issuing State/Province  
TX

Driver's Address

Street Address: 101 N Bullock Arthur Road City: Cedarburg State/Province: TX Zip Code: 77331

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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