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









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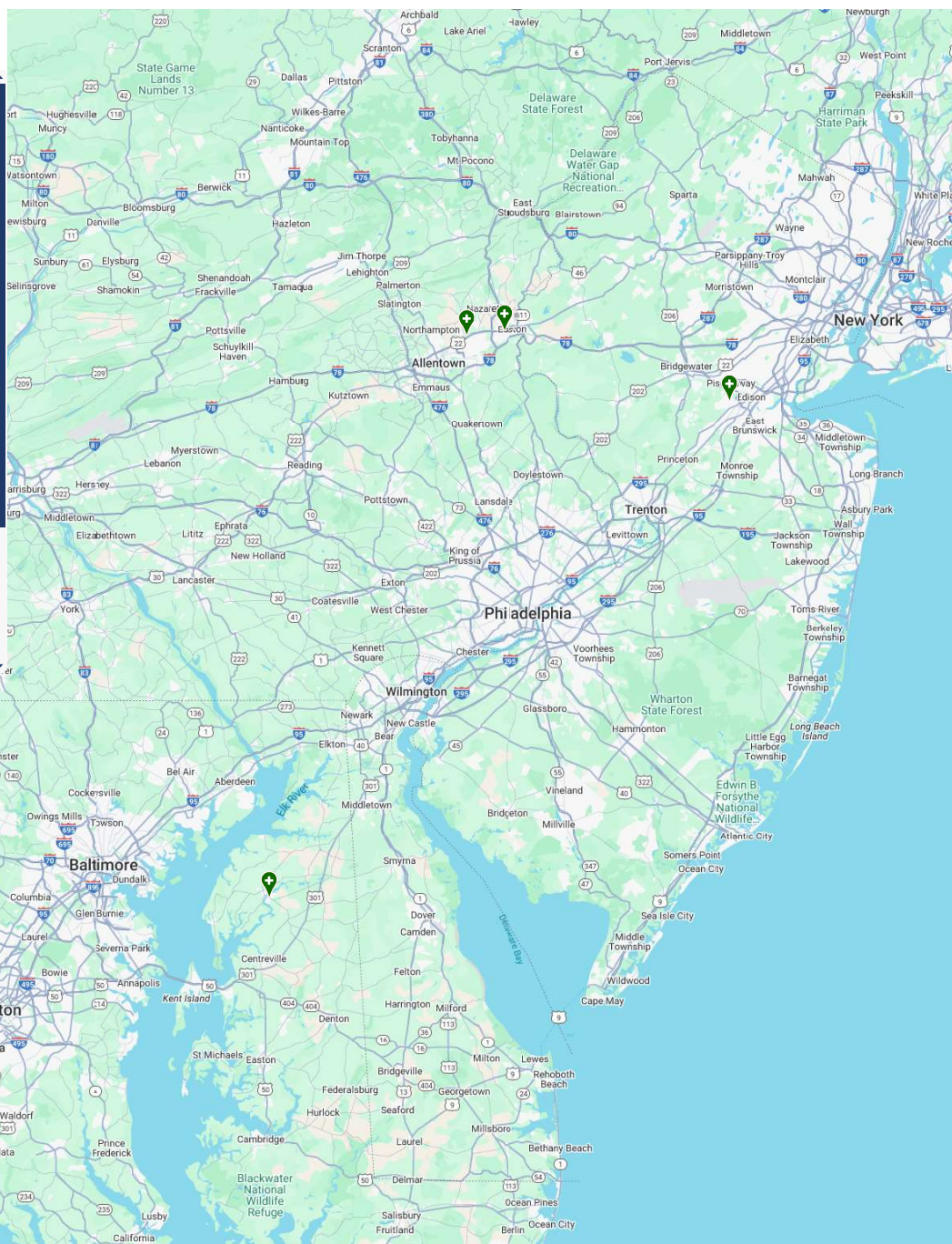
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-  **Mr. Siddhartha Prasad (Nurse Practitioner)**
 **Concentra Urgent Care**
90 S Commerce Way Ste, Suite 100 Bethlehem
PA Bethlehem, PA 18017
 (484) 820-0260  N/A [Directions](#)
-  **Mr. Siddhartha Prasad (Nurse Practitioner)**
 **Inova Center For Personalized Health**
8100 Innovation Park Drive Fairfax, PA 22031-0000
 (855) 694-6682  N/A [Directions](#)
-  **Mr. Siddhartha Prasad (Advanced Practice Registered Nurse)**
 **Adventist HealthCare Shady Grove Medical Center**
9901 Medical Center Drive Rockville, MD 20850-0000
 (240) 826-6000  N/A [Directions](#)
-  **Mr. Siddhartha Prasad (Advanced Practice Registered Nurse)**
 **Adventist HealthCare Shady Grove Medical Center**
9901 Medical Center Drive Rockville, MD 20850-0000
 (240) 826-6000  N/A [Directions](#)
-  **Mr. Siddhartha Prasad (Nurse Practitioner)**
 **St. Luke's**
3101 Emerick Blvd. Bethlehem, PA 18020
 (732) 801-8326  N/A [Directions](#)
-  **Mr. Siddhartha Prasad (Advanced Practice Registered Nurse)**
 **Siddhartha Prasad CRNP**
9 courtland drive somerset, NJ 08873
 (732) 801-8326  N/A [Directions](#)





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

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Form 10/24/18/24

2025 No. 2724-2024 Expiration Date: 3/31/2025

Medical Examiner's Certificate
For Commercial Driver's License Holders

I certify that I have examined David A. Espana, Diego in accordance with (check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41, 391.43) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply): ☒ I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Missing corrective lenses ☐ Accompanied by a ☐ Driver's License Examiner (DLE) ☐ Driving within an exempt intracity zone (49 CFR 391.43, Federal)

☐ Missing hearing aid ☐ Accompanied by a ☐ State Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.44, 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, MCIA 1075, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Information

Medical Examiner's Signature: Sid Prasad, CRNP
Medical Examiner's Name (print or type): Sid Prasad, CRNP
Medical Examiner's State License, Certificate, or Registration Number: SP015728

Medical Examiner's Telephone Number: 4847420880
Date Certificate Signed: 4/26/24

Issuing State: PA
Medical Examiner's Registration Number: 7664020985

Driver's Signature: [Signature]
Driver's License Number: 33021736
Issuing State/Province: PA

Driver's Address: 881 Maryland Ct Whitehall
State/Province: PA
Zip Code: 18052
CLP/CDD, Applicants/Holder: ☒ Yes ☐ No

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