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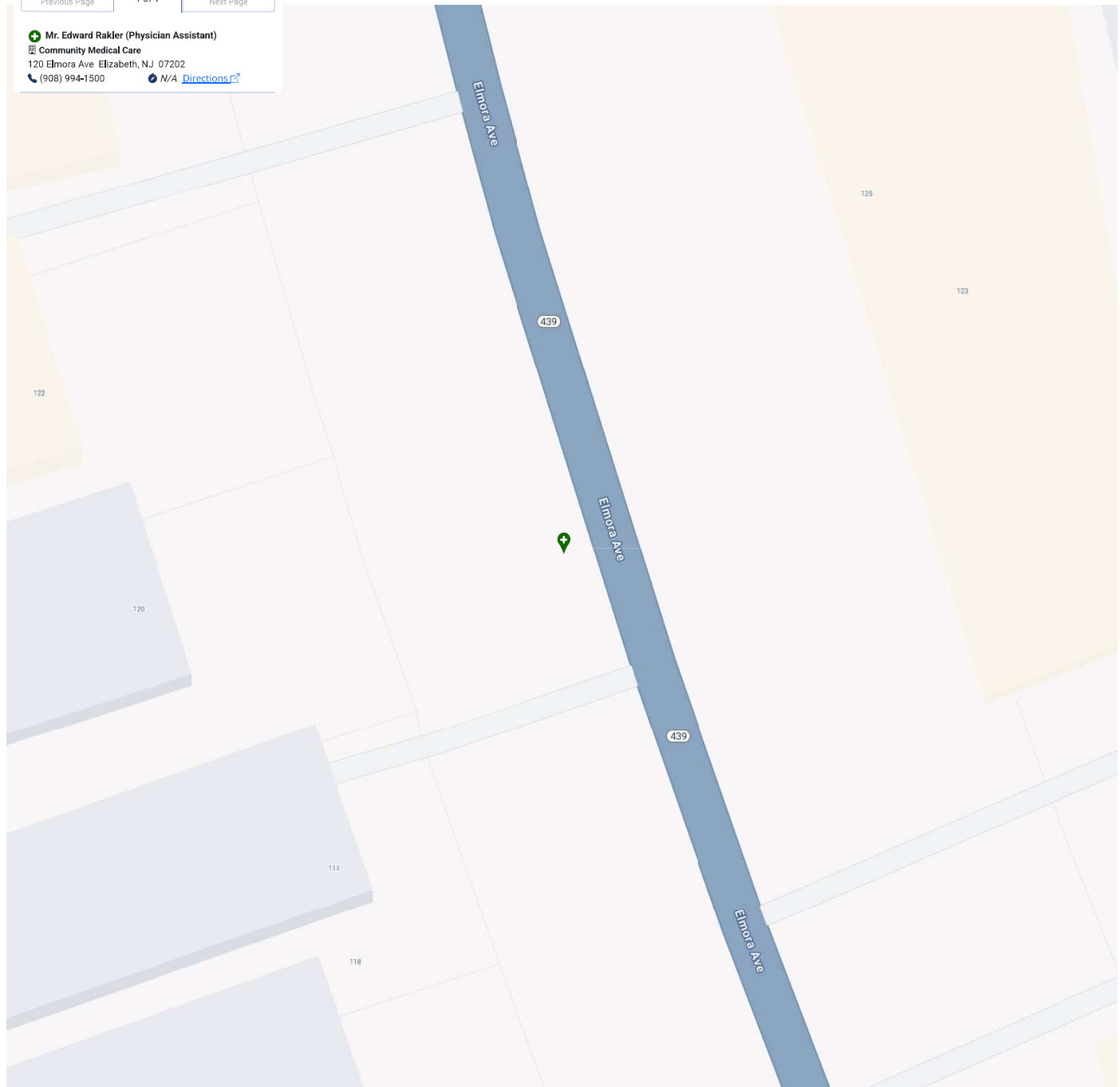
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First Name	Last Name
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 **Mr. Edward Rakler (Physician Assistant)**
 **Community Medical Care**
120 Elmora Ave Elizabeth, NJ 07202
 (908) 994-1500  [N/A Directions?](#)





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U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
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This document is intended to be a summary of the information provided by the applicant. It is not intended to be a substitute for the actual information provided by the applicant. The information provided by the applicant is the only information that will be used to determine the applicant's eligibility for a license. The information provided by the applicant is the only information that will be used to determine the applicant's eligibility for a license. The information provided by the applicant is the only information that will be used to determine the applicant's eligibility for a license.

Medical Examiner's Certificate
(An individual's State Medical Certificate)

I hereby certify that I have examined Last Name: Alphano First Name: Anel in accordance with (please check only one):
☒ By 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
☐ By Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances which will only be valid for interstate operations, and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
☐ Hearing corrective lenses ☐ Accompanied by a _____ ☐ Waiver/exception ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
☐ Hearing 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 Signature: [Signature] Medical Examiner's Telephone Number: (908) 994-1500 Date Certificate Signed: 03/20/2015
Medical Examiner's Name (do not print type): Edward Bahler
Medical Examiner's State License, Certificate, or Registration Number: 25MP00107900 Issuing State: NJ National Registry Number: 9198918739
Driver's Signature: [Signature] Driver's License Number: A55900430001 Issuing State/Province: NJ
Driver's Address: 1236 S. Myrtle St City: Hillside State/Province: NJ Zip Code: 07035 Yes ☒ No ☐
Street Address: 1236 S. Myrtle St City: Hillside State/Province: NJ Zip Code: 07035 Yes ☒ No ☐
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