

Form MCSA-5876

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

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

in accordance with (please check only one):

- I certify that I have examined **Last Name:** Asuquo **First Name:** Bassey 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 ☐ 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

06/08/2025

Medical Examiner's Signature

Evan Phillips

Medical Examiner's Telephone Number

(337) 565-2675

Date Certificate Signed

06/08/2023

Medical Examiner's Name (please print or type)

Evan Phillips

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

311512

Issuing State

LA

National Registry Number

6999567107

Driver's Signature

Bassey Asuquo

Driver's License Number

45329872

Issuing State/Province

TX

Driver's Address

Street Address: 1746 cross st

City: Opelousas

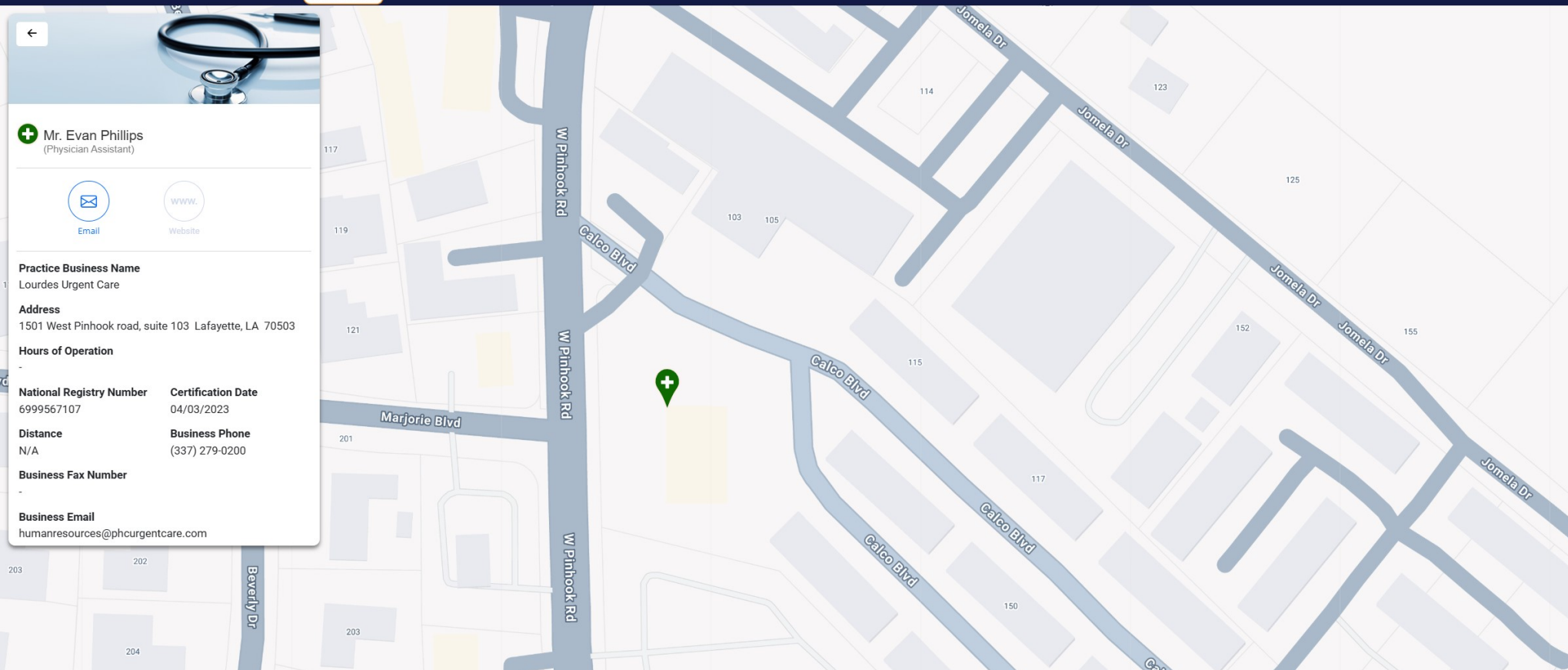
State/Province: LA

Zip Code: 70570

CLP/CDL Applicant

☐ Yes ☒ No

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+ Mr. Evan Phillips
(Physician Assistant)



Email



Website

Practice Business Name

Lourdes Urgent Care

Address

1501 West Pinhook road, suite 103 Lafayette, LA 70503

Hours of Operation

-

National Registry Number

6999567107

Certification Date

04/03/2023

Distance

N/A

Business Phone

(337) 279-0200

Business Fax Number

-

Business Email

humanresources@phcurgentcare.com