

Public Burden Statement

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Marc Loones (first name) Tanelus 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 (specify type): _____
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

08/09/2025

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

MOHAMMAD T. JAVED

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

ME0071079

Medical Examiner's Telephone Number

561-433-1700

Date Certificate Signed

08/09/2023

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

Issuing State

Florida

National Registry Number

☒ 8473944905

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address:

1075 NW 124th

City:

Miami

State/Province:

FL



Zip Code:

33168

CLP/CDL Applicant/Holder

☒ Yes ☐ No

Issuing State/Province

Florida



Driver's License Number

T542 55288 13910

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 **Dr. Mohammad Javed**
(Medical Doctor)



Email



Website

Practice Business Name

Urgent Care

Address

6447 Lakeworth Rd. Lakeworth, FL 33463

Hours of Operation

National Registry Number 8473944905
Certification Date 06/05/2014

Distance N/A
Business Phone (561) 433-1700

Business Fax Number
5616427587

Business Email
javed33463@gmail.com

