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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:** Perez **First Name:** Yasvanti 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

10/7/26

Medical Examiner's Signature

[Signature]

Medical Examiner's Telephone Number

863-438-7920

Date Certificate Signed

10/07/2024

Medical Examiner's Name (please print or type)

MUSTAFA HACIDA, MD

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

ME109449

Issuing State

FL

National Registry Number

4893575012

Driver's Signature

[Signature]

Driver's License Number

9621960781800

Issuing State/Province

Florida

Driver's Address

Street Address: 6495 Oldmans Dr City: Sebring

State/Province: FL

Zip Code: 33872

CLP/CDL Applicant/Holder
☒ Yes ☐ No

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Mr. Mostafa Macida
(Medical Doctor)



Email



Website

Practice Business Name

Primary Care of Dundee

Address

28279 HWY 27 Dundee, FL 33838-42700

Hours of Operation

8-6

National Registry Number

4893575012

Certification Date

05/23/2014

Distance

N/A

Business Phone

(863) 438-7920

Business Fax Number

8634387919

Business Email

emacida@yahoo.com

