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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:** NAWEED **First Name:** AHMAD 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 ☐ 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**03/03/2027**Medical Examiner's Signature****Medical Examiner's Telephone Number****Date Certificate Signed**209627675503/03/2025**Medical Examiner's Name (please print or type)**RAMANDEEP KAUR

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse  
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

**Medical Examiner's State License, Certificate, or Registration Number**95011960**Issuing State**California**National Registry Number**☒ 7894694809**Driver's Signature****Driver's License Number****Issuing State/Province**D07558600Arizona**Driver's Address**

Street Address: 602 WEST SUNFLOWER ST City: SOMERTON

State/Province: AZ ☒ Zip Code: 85350

**CLP/CDL Applicant/Holder**

☒ Yes ☐ No



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**+** Mr. Ramandeep RomaSkinHealth&Wellness  
(Advanced Practice Registered Nurse)

 Email

 Website

**Practice Business Name**  
Roma Skin Health & Wellness

**Address**  
3031 W. March Lane #104 Stockton, CA  
95219. Stockton, CA 95219

**Hours of Operation**  
8 am to 8 pm, 7 days of week.

**National Registry Number** 7894694809    **Certification Date** 08/27/2020

**Distance** N/A    **Business Phone** (209) 627-6755

**Business Fax Number** -

**Business Email**  
romaskinhealthandwellness@gmail.com

