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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: Babayan First Name: Arkady in accordance with (please check only)

☒ 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 (45 CFR 391.67) (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

09/17/2025

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Razzaque, Anjum

Medical Examiner's Telephone Number

(314)647-0081

Date Certificate Signed

09/17/2024

☒ MD

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify) \_\_\_\_\_

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

R7P08

Issuing State

MO

National Registry Number

2649337535

Driver's Signature

Driver's Address

Driver's License Number

B150071011716

Issuing State/Province

MO

CLP/CDL Applicant/Holder

Street Address: 5453 Delmar Blvd

City: St. Louis

State/Province: MO

Zip Code: 63112

☒ Yes ☐ No

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FMCSA

Federal Motor Carrier Safety Administration



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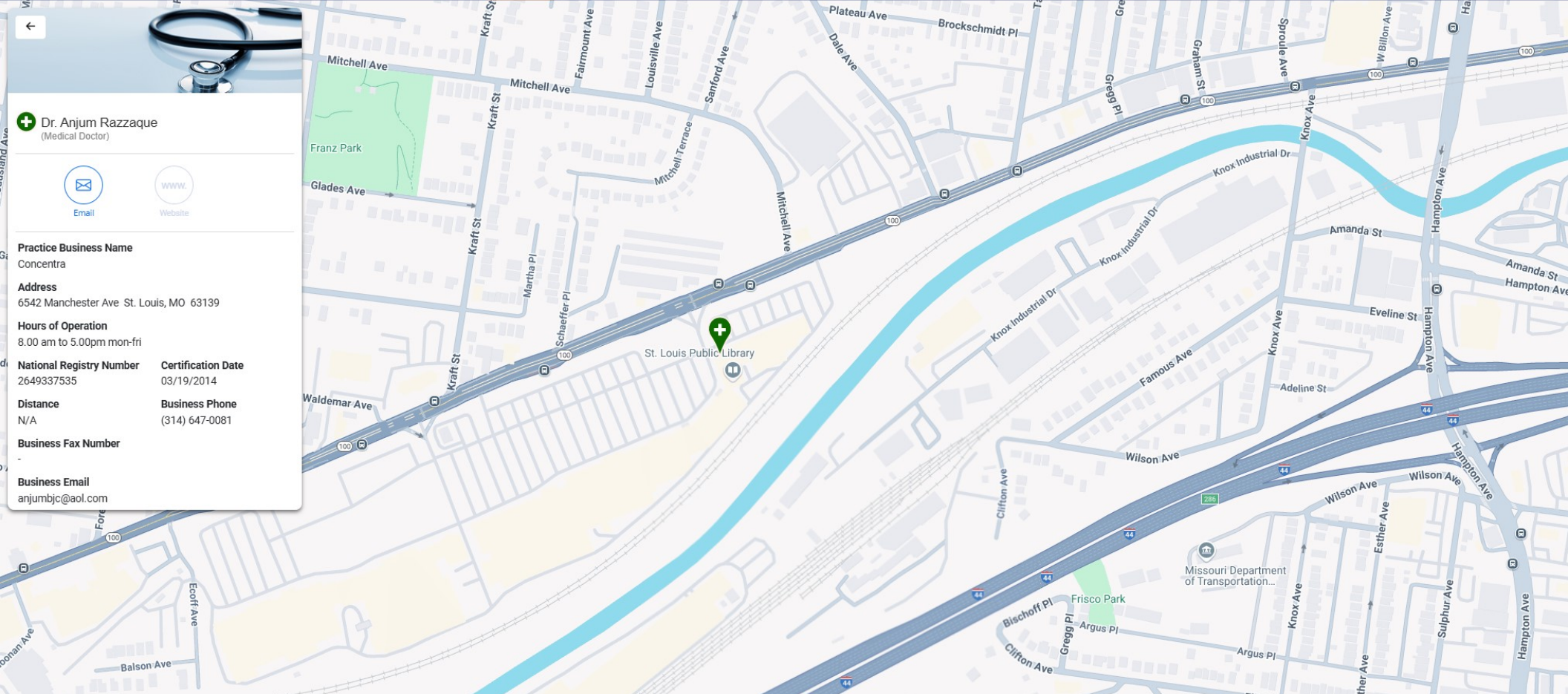
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**Dr. Anjum Razzaque**  
(Medical Doctor)



Email



Website

**Practice Business Name**

Concentra

**Address**

6542 Manchester Ave St. Louis, MO 63139

**Hours of Operation**

8.00 am to 5.00pm mon-fri

**National Registry Number**

2649337535

**Certification Date**

03/19/2014

**Distance**

N/A

**Business Phone**

(314) 647-0081

**Business Fax Number**

**Business Email**

anjumbjc@aol.com