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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: Concepcion First Name: Serafin 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

06/07/2024

Medical Examiner's Signature

Medical Examiner's Telephone Number

561-969-1595

Date Certificate Signed

06-07-2022

Medical Examiner's Name (please print or type)

Mohammad T. Javed

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

Medical Examiner's State License Registration Number

Issuing State

FL

04/30/2025

Driver's Signature

Driver's License Number

C521780714480

Issuing State/Province

FL

Driver's Address

Street Address: 5336 Besque Ln

City: W.P.B.

State/Province: FL

Zip Code: 33415


CLP/CDL Applicant/Holder

☒ Yes ☐ No

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Rev. 1/5/22

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

[Email](#)[Website](#)[Direction](#)**Practice Business Name**

Urgent Care

Address

6447 Lakeworth Rd. Lakeworth, FL 33463

Hours of Operation

-

National Registry Number Certification Date

8473944905

06/05/2014

Distance

N/A

Business Phone

(561) 433-1700

Business Fax Number

5616427587

Business Email

javed33463@gmail.com