

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)

- 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 ☐ 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

05/09/2026

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

561-969-1595

05/09/2024

Medical Examiner's Name (please print or type)

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

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

Issuing State

National Registry Number

FL

8473944905

Driver's Signature

Driver's License Number

Issuing State/Province

C521780714480

FL

Driver's Address

GLP/CDL Applicant/Holder

Street Address:

5336 Bosque LNAPT95

City:

W.P.B.

State/Province:

FL

Zip Code:


33415


Yes ☐ No ☒

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Rev 3/1/23








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

