

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)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Reyes Huertas (first name) Robal 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 (specify type): _____ ☐ 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

11.6.2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(863)438-7920

11.6.2023

Medical Examiner's Name (please print or type)

MOSTAFA MACIDA M.D.

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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

ME 109449

Issuing State

Florida

National Registry Number

4893575012

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

Issuing State/Province

R-263-720-78-3450

Florida

Driver's Address

Street Address:

272 Elm St

City:

POINCIANE

State/Province: FL


Zip Code:

34759

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	

