Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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)* JONES *(first name)* Richard 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption *(specify type)*: _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ 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: 4/3/25

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Eli Gluzman MD

Medical Examiner's Telephone Number: 818-774-0955

Date Certificate Signed: 04/03/23

Medical Examiner's Name *(please print or type)*: Eli Gluzman MD

(●) MD ( ) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: A109201

Issuing State: California

National Registry Number: 1184885840/NRCME6545547155

CMV DRIVER INFORMATION

Driver's Signature: Richard Jones

Driver's License Number: C6759915

Issuing State/Province: California

Driver's Address
Street Address: 17938 S. Burbank Blvd #28 City: ENCINO State/Province: CA Zip Code: 91316

CLP/CDL Applicant/Holder (●) Yes ( ) No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev 12/16/21

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Mr. Eli Gluzman
(Medical Doctor)

Email Website

Practice Business Name
Valley family medicine urgent care center

Address
7601 canby ave, suite 7 Reseda, CA 91335

Hours of Operation
-

National Registry Number
6545547155

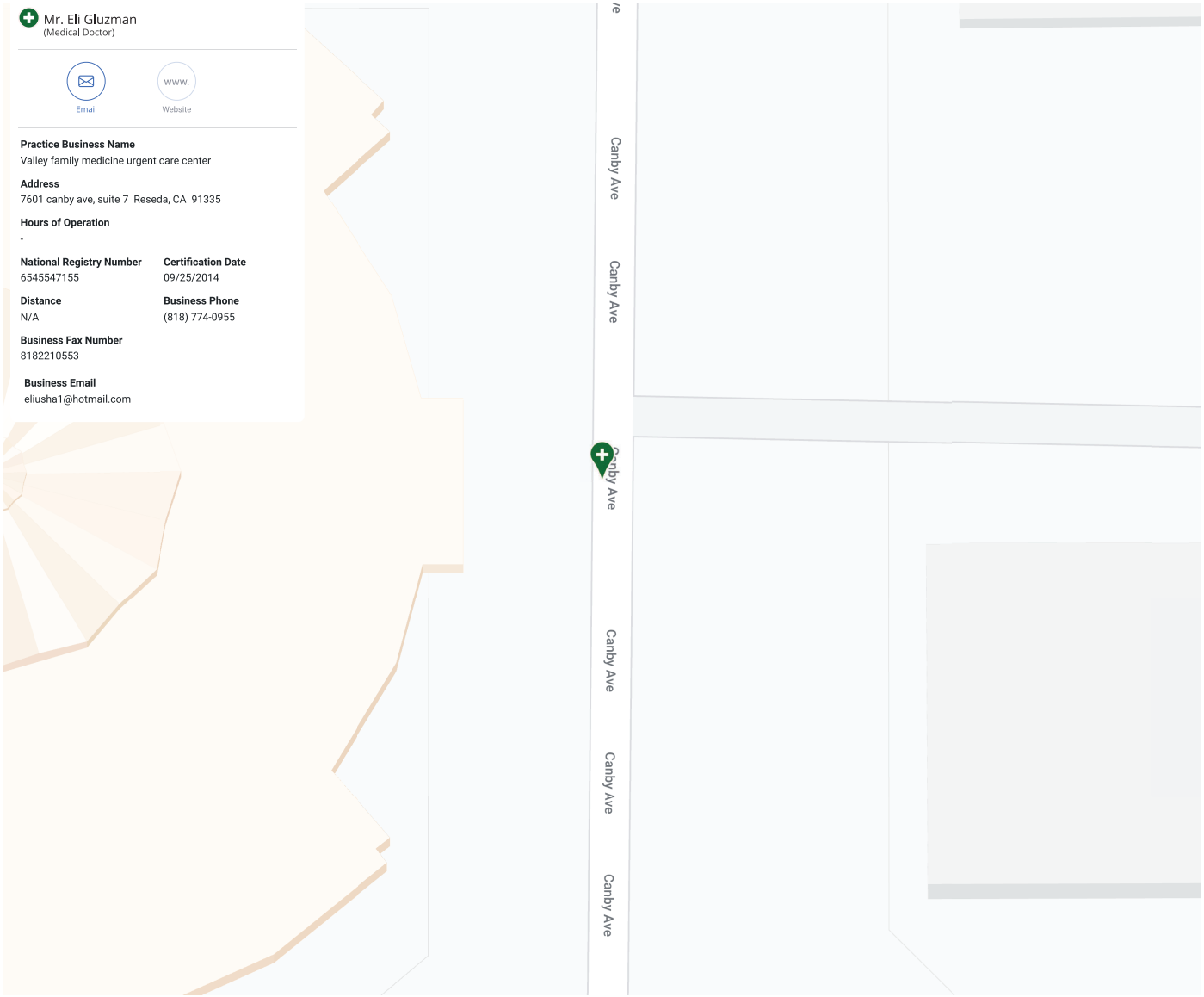
Certification Date
09/25/2014

Distance
N/A

Business Phone
(818) 774-0955

Business Fax Number
8182210553

Business Email
eliusha1@hotmail.com



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