Public Burden Statement	OMB No. 2126-0006 Expiration Date: 03/3
Including the time for reviewing instructions, gatherin other aspect of this collection of information, includin	person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the PaperworkReduction Act unle OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per resp g suggestions for reducing this burden to: Information Collection Officer, Federal Motor Carrier Stept Administration, MC-RRA, 1200 New Jersey Avenues, 24 Workington, DC, 20090.
S. Department of Transportation deral Motor Carrier fety Administration	Medical Examiner's Certificate
	(for Comparcial Drive' Medical Certification)
	pez Jerna Sirst Name: Dance in accordance with (please check only one):
the Federal Motor Carrier Safety Regulations	9 CFR 391.41-391.49) and, with knowledge of the driving duties 1 find this percentic gualified and if applicable and if
) the Federal Motor Carrier Safety Regulations I find this person is qualified, and, if applicable	
□ Wearing corrective lenses □ Accompa	
🗌 Wearing hearing aid 👘 🗋 Accompa	inied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of <u>49 CFR 391.64</u> (Federal)
	Counted by operation of 45 CFR 351.64 (Pederal)
	Grandfathered from State requirements (State)
	Grandfathered from State requirements (<i>State</i>)
e information I have provided regarding this p	Medical Examiner's Certificate Expiration Da
e information I have provided regarding this p ISA-5875, with any attachments, embodies my	Grandfathered from State requirements (<i>State</i>) Medical Examiner's Certificate Expiration Da Medical Examiner's Certificate Examiner's
e information I have provided regarding this p CSA-5875, with any attachments, embodies my edical Examiner's Signature	hysical examination is true and complete. A complete Medical Examination Report Form, y findings completely and correctly, and is on file in my office.
23A-3673, with any attachments, embodies my	Medical Examiner's Certificate Expiration Da
edical Examiner's Signature	hysical examination is true and complete. A complete Medical Examination Report Form, y findings completely and correctly, and is on file in my office. Medical Examiner's Certificate Expiration Date Medical Examiner's Telephone Number Date Certificate Signed
edical Examiner's Signature	Medical Examiner's Certificate Expiration Date Certificate Signed
edical Examiner's Signature	Advanced Practice Number
edical Examiner's Signature	Medical Examiner's Certificate Expiration Date Certificate Signed
dical Examiner's Signature dical Examiner's Name (please print or type dical Examiner's State License, Certificat ver's Signature	Medical Examiner's Certificate Expiration Date Medical Examiner's Certificate Expiration Date Medical Examiner's Certificate Signed Medical Examiner's Certificate Signed Medical Examiner's Certificate Signed MD OPhysician Assistant OAdvanced Practice Nurse Do OChiroporto Issuing State National Registry Number National R
edical Examiner's Signature edical Examiner's Name (please print or top edical Examiner's State License, Certificat	Medical Examiner's Certificate Expiration Date (medical Examiner's Certificate Expiration Date (medical Examiner's Certificate Expiration Date (medical Examiner's Certificate Signed) (medical Exami
edical Examiner's Signature edical Examiner's Name (please print or type edical Examiner's State License, Certificat iver's Signature ver's Address eet Address:	Medical Examiner's Certificate Expiration Date Medical Examiner's Certificate Expiration Date Medical Examiner's Certificate Signed Medical Examiner's Certificate Signed Medical Examiner's Certificate Signed MD OPhysician Assistant OAdvanced Practice Nurse Do OChiroporto Issuing State National Registry Number National R

. . .

**

🕿 An official website of the United States government Here's how you know 🗸 NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS Find A Medical Examiner Resource Center Contact Us Home Register ⊖ Login ← Dr. Mohammad Javed www. Website Practice Business Name Urgent Care Address 6447 Lakeworth Rd. Lakeworth, FL 33463 Hours of Operation National Registry Number Certification Date 06/05/2014 8473944905 Distance Business Phone (561) 433-1700 N/A Business Fax Number 5616427587 Business Email javed33463@gmail.com Ð Lake Worth Rd 802 Lake Worth Rd 802 Lake Worth Rd 802 Lake Worth Rd

Googla

Map data ©2023 Report a map error

U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE WASHINGTON, DC 20590

1-800-832-5660

About About FMCSA Regulations

Analysis

FMCSA Portal

FMCSA Newsroom Press Releases Speeches Testimony Emergency Declarations

News and Events

Resources

Career Center Resources for Carriers Resources for Consumers Resources for Drivers Forms

Policies, Rights, Legal About DOT

Subscribe To Email Updates

Õ

Ψ.

0

Budget and Performance Civil Rights FOIA Information Quality