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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: NIKOLIC First Name: ZVONIMIR in accordance with (please check only one):

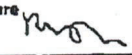
- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when (check all that apply) OR
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State 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

1/6/2024

Medical Examiner's Signature 	Medical Examiner's Telephone Number 310-215-1600	Date Certificate Signed 1/6/2022
Medical Examiner's Name (please print or type) Randy Choi	<input type="radio"/> MD <input checked="" type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number PA15088	Issuing State CA	National Registry Number 6122499789

Driver's Signature 	Driver's License Number CAC5176777	Issuing State/Province CA
Driver's Address Street Address: 5453 ALVERN CIR. AP 204. City: LA State/Province: CA Zip Code: 90045	CLP/CDL Applicant/Holder <input type="radio"/> Yes <input checked="" type="radio"/> No	

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 **Mr. Randy Choi**
(Physician Assistant)



Email



Website

Practice Business Name
Concentra

Address
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Hours of Operation
-

National Registry Number **Certification Date**
6122499789 03/23/2014

Distance **Business Phone**
N/A (310) 215-1600

Business Fax Number
3102150783

Business Email
randy_choi@concentra.com

Business Website
www.concentra.com



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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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