

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: QASEM First Name: ANIS 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):
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a _____ waiver/exemption                         | <input type="checkbox"/> Driving within an exempt intracity zone ( <u>49 CFR 391.62</u> ) (Federal) |
| <input type="checkbox"/> Wearing hearing aid       | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of <u>49 CFR 391.64</u> (Federal)                   |
|  |  | <input type="checkbox"/> 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**  
06/06/2025

**Medical Examiner's Signature**

TS Page

**Medical Examiner's Telephone Number**  
**(252) 537-5600**

**Date Certificate Signed**  
06/06/2023

Medical Examiner's Name (please print or type)

Tommy Sims

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

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

0010-10229

Issuing State	National Registry Number
North Carolina	2132775142

**Driver's Signature**

Signature 

**Driver's License Number**  
30678406

Issuing State/Province  
North Carolina

**Driver's Address**

Street Address: 473 PRIMROSE PL City: ROCKY MOUNT State/Province: NC Zip Code: 27804 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.\*\*\*



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 **Mr. Tommy Sims**  
(Physician Assistant)



Email



Website

**Practice Business Name**

FastMed Urgent Care

**Address**

1261 Julian R Allsbrook Roanoke Rapids, NC 27870

**Hours of Operation**

-

**National Registry Number**

2132775142

**Certification Date**

06/24/2020

**Distance**

N/A

**Business Phone**

(252) 537-5600

**Business Fax Number**

-

**Business Email**

k.oliver@fastmed.com

**Business Website**

fastmed.com



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