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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:** 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):

- ☐ 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 ☐ 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**06/04/2027**Medical Examiner's Signature****Medical Examiner's Name** (please print or type)Nana Akuoko**Medical Examiner's State License, Certificate, or Registration Number**0010-06924**Medical Examiner's Telephone Number**(919) 329-5000**Date Certificate Signed**06/04/2025

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

**Issuing State**North Carolina**National Registry Number**5820354104**Driver's Signature****Driver's License Number**30678406**Issuing State/Province**North Carolina**Driver's Address**

Street Address: 4773 PRIMROSE PL City: ROCKY MOUNT State/Province: NC Zip Code: 27804

**CLP/CDL Applicant/Holder**


☒ Yes ☐ No


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 **Mr. Nana Akuoko**  
(Physician Assistant)

 Email

 Website

**Practice Business Name**  
FastMed Urgent Care

**Address**  
5156 NC HWY 42 W GARNER, NC 27529

**Hours of Operation**  
-

<b>National Registry Number</b> 5820354104	<b>Certification Date</b> 10/11/2018
<b>Distance</b> N/A	<b>Business Phone</b> (919) 329-5000
<b>Business Fax Number</b> -	

**Business Email**  
nakuoko@fastmed.com

