Form MCSA-5876

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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)

I certify that I have examined **Last Name:** Michel **First Name:** Victor 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: 08/16/2024

Medical Examiner's Signature

Medical Examiner's Name *(please print or type)*: Mohammad T Javed

Medical Examiner's State License, Certificate, or Registration Number: ME71079

Medical Examiner's Telephone Number: 5619691545

Date Certificate Signed: 08/16/2022

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

Issuing State: FL

National Registry Number: 8413449405

Driver's Signature

Driver's License Number: M240860741860 **Issuing State/Province**: FL

Driver's Address
Street Address: 80 Dorothy Dr City: West palm Beach State/Province: FL Zip Code: 33415

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

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Rev 1/5/22

United States Department of Transportation

FMCSA
Federal Motor Carrier Safety Administration

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