Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* Vazquez Cruz *(first name)* Wilson 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption *(specify type)*: _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ 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
3.7.2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number
(863)438-7920

Date Certificate Signed
3.7.2023

Medical Examiner's Name *(please print or type)*
MOSTAFA MACIDA M.D.

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

Medical Examiner's State License, Certificate, or Registration Number
ME 109449

Issuing State
Florida

National Registry Number
4893575012

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number
V062-586-8

Issuing State/Province
FL

Driver's Address
Street Address: 135 Farmer D City: Winter Haven State/Province: FL Zip Code: 33880

CLP/CDL Applicant/Holder
(•) Yes ( ) No

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Rev 12/16/21

FMCSA
Federal Motor Carrier Safety Administration

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Mr. Mostafa Macida
(Medical Doctor)

Email Website

Practice Business Name
Primary Care of Dundee

Address
28279 HWY 27 Dundee, FL 33838-42700

Hours of Operation
8-6

National Registry Number
4893575012

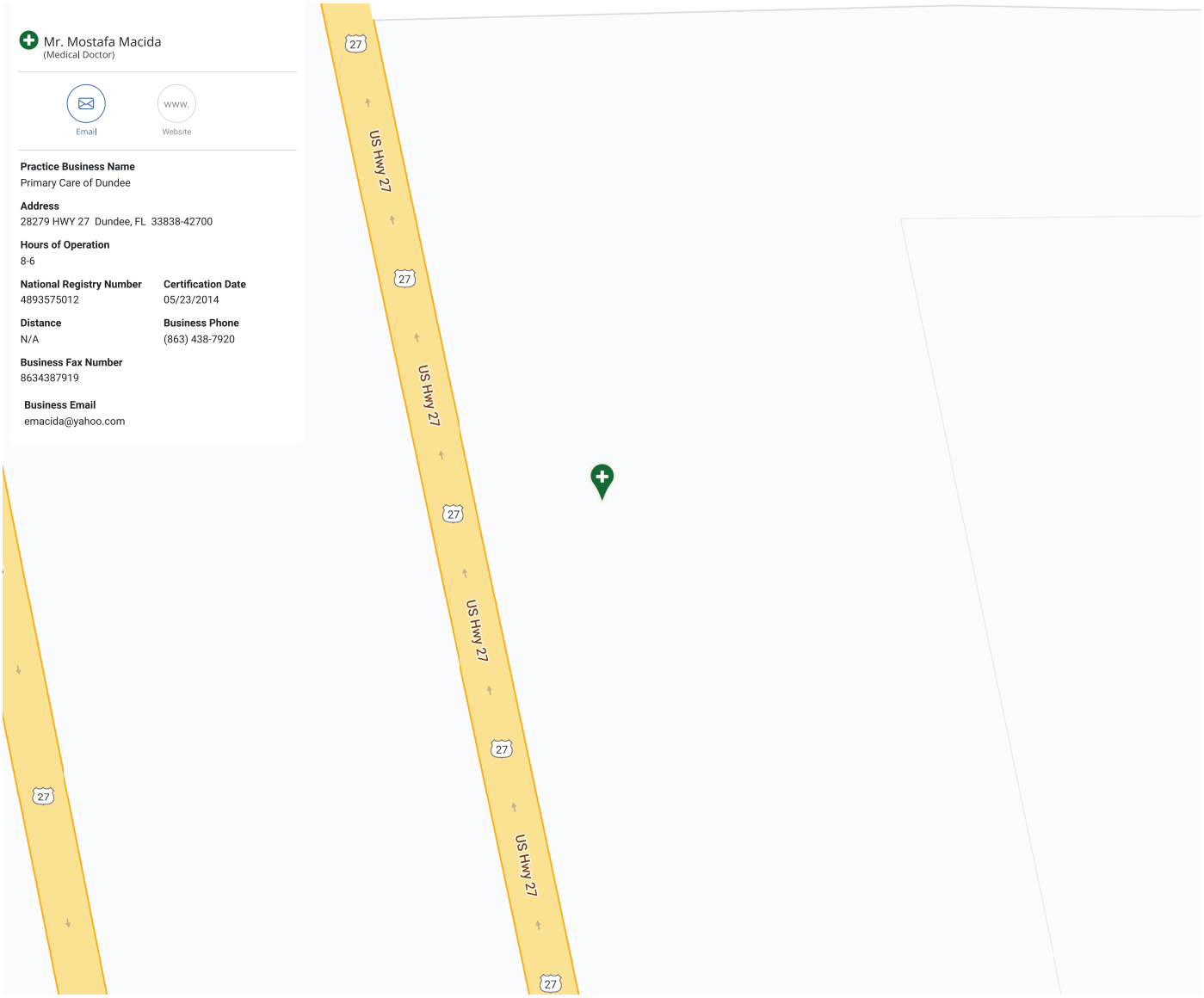
Certification Date
05/23/2014

Distance
N/A

Business Phone
(863) 438-7920

Business Fax Number
8634387919

Business Email
emacida@yahoo.com



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Federal Motor Carrier Safety Administration
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