Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 03/31/2025

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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)* Juma *(first name)* Khuder 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
12/07/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number: (330)724-3345

Date Certificate Signed: 12/07/2022

Medical Examiner's Name *(please print or type)*: Benson III, Ray E

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

Medical Examiner's State License, Certificate, or Registration Number: 34.005107

Issuing State: OH

National Registry Number: 7372081448

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number: UH823405

Issuing State/Province: OH

Driver's Address

Street Address: 515 east dr. Apt#2 City: Dayton State/Province: OH Zip Code: 45419

CLP/CDL (•) Yes ( ) No

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FMCSA
Federal Motor Carrier Safety Administration

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Dr. Ray Benson II
(Doctor Of Osteopathy)

Email Website

Practice Business Name
Concentra

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Hours of Operation
-

National Registry Number
7372081448

Certification Date
03/11/2014

Distance
N/A

Business Phone
(330) 724-3345

Business Fax Number
3307245299

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