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:** VELEZ **First Name:** EMILIO in accordance with

- (●) 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
- [ ] 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: 01/12/25

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 347-380-9050

Date Certificate Signed: 01/12/23

Medical Examiner's Name *(please print or type)*: MD SHAH ALAM

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

Medical Examiner's State License, Certificate, or Registration Number: 254156

Issuing State: NEW YORK

National Registry Number: 8637753611

Driver's Signature: [signature]

Driver's License Number: 087-462-741

Issuing State/Province: NEW YORK

Driver's Address
Street Address: 1424 WALTON AVE City: BRONX State/Province: NY Zip Code: 10452

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 retained by regulatory requirements.

Driver's Copy

FMCSA
Federal Motor Carrier Safety Administration

NATIONAL REGISTRY OF CERTIFIED MEDICAL EXAMINERS

Home | Register | Find A Medical Examiner | Resource Center | Contact Us | Login

Search Medical Examiners

City, State or Zipcode | 10 | Miles

National Registry Number: 8637753611

Business Name:

First Name:

Last Name:

Basic Search | Search

Previous Page | 1 of 1 | Next Page

Dr. Md Alam (Medical Doctor)
MS ALAM MEDICAL CARE P.C.
1190 B commerce avenue# first floor Bronx, NY 10462
(347) 380-9050 N/A Directions

Dr. Md Alam (Medical Doctor)
MS ALAM MEDICAL CARE P.C.
2153 Westchester Avenue Bronx, NY 10462
(718) 824-8000 N/A Directions

Dr. Md Alam (Medical Doctor)
MS ALAM MEDICAL CARE P.C.
170-07 HILLSIDE AVENUE JAMAICA, NY 11432
(347) 380-9050 N/A Directions