Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2018

Public Burden Statement

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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** Buendia **First Name** Jamison 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
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an intrastate only 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
04/09/2022

Medical Examiner's Signature

Medical Examiner's Telephone Number
(209) 646-7767

Date Certificate Signed
04/09/2020

Medical Examiner's Name *(please print or type)*
Pangarkiran, Mahir S

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

Medical Examiner's State License, Certificate, or Registration Number
A25837

Issuing State
CA

National Registry Number
[illegible]

Driver Signature

Driver's License Number
[illegible]

Issuing State/Province
CA

Driver's Address
Street Address: 1239 Commercial Ave City: Manteca State/Province: CA Zip Code: 95336

CLEAR Applicant/Holder
● Yes ○ No

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