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
- ☐ 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 08/14/2024

Medical Examiner's Signature [signature]

Medical Examiner's Telephone Number 5619691595 **Date Certificate Signed** 08/14/2022

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

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

Medical Examiner's State License, Certificate, or Registration Number ME71077 **Issuing State** FL **National Registry Number** 8475444905

Driver's Signature [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 1/8/22